

CITY OF ATLANTA GEORGIA



2010-2014 Consolidated Plan Volume I

Community Development Block Grant
Emergency Shelter Grant
HOME Investment Partnership Program
Housing Opportunities for Persons with AIDS

November 2009

CITY OF ATLANTA, GEORGIA

2010-2014 Consolidated Plan and 2010 Annual Action Plan Volume 1

Prepared for the U.S. Department of Housing and Urban Development

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Executive Summary

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

GENERAL

Executive Summary

The Executive Summary is required. Include the objectives and outcomes identified in the plan and an evaluation of past performance.

Summary of the City of Atlanta's 2010-14 Consolidated Plan

Purpose of the Plan

The U.S. Department of Housing and Urban Development (HUD) requires that the City submit a Consolidated Plan for the receipt of HUD block grant entitlement funding through the CDBG, ESG, HOME and HOPWA programs. HUD describes the Consolidated Plan in their guidelines for preparing the plan to be "a collaborative process whereby a community establishes a unified vision for community development actions" to shape various housing and community development programs, to reduce duplication of effort, and to coordinate neighborhood and community development strategies. Since the City of Atlanta undertakes comprehensive development planning and has an established citizen participation process through the Neighborhood Planning Units, the City's Consolidated Plan is based on and is adopted as a part of the City's Comprehensive Development Plan (CDP). The Consolidated Plan also relies on other collaborative and ongoing planning processes that the City participates regularly in.

HUD defines the content of the Consolidated Plan by federal regulation and policy memoranda, and has computer software for production of the Plan. Each of the entitlement grants to be covered in the Consolidated Plan has statutes that set forth three basic goals, and the Plan is evaluated by HUD on how the City, "will pursue these goals for all community development programs, as well as all housing programs". The three goals are:

- Decent housing (assistance to affordable housing for homeless and those at risk, retaining affordable housing, increasing availability for low/moderate income families especially for disadvantaged, increasing supportive housing)
- A Suitable Living Environment (improving safety, livability of neighborhoods, eliminating blight, increasing access to public and private facilities)
- Expanded Economic Opportunities (job creation and retention for low income persons, empowerment and self-sufficiency)

Preparation and Review of Atlanta's 2010-2014 Plan

The City of Atlanta must submit a new five-year Consolidated Plan on November 15, 2009, even though new data from the 2010 Census will not yet be available, and a new City administration begins in 2010. The 2010-2014 Plan can be amended at any time in the future, but is being submitted by the required deadline using what updated data is available now, and continuing the established goals and objectives of the last plan. The City is

required to publish a summary of the Plan and seek citizen comments, to be incorporated into the Plan, and did so from September 15 through November 1, 2009. Notices to all interested parties including NPUs, city departments, agencies, officials, surrounding governments, and others were sent out and posted to the City's web site and the Tri-Jurisdiction on Homelessness web site. The following is a summary of the proposed 2010-2014 Consolidated Plan

Consolidated Plan Introduction of Strategic Plan

The vision for Atlanta in the years ahead is that of a city which seizes unique opportunities and shapes itself to meet the needs of the next generation. It is a vision that works to create a more humane, safe and enjoyable place to live, work and raise children, raises the quality and productivity of the lives of its citizens, and includes diversity in age, race and economic status because its communities are flexible enough to meet the changing needs of residents. (Atlanta Comprehensive Development Plan)

The geographic area served by the CDBG, HOME, and ESG programs is the City of Atlanta. About two-thirds of the City is defined as the Community Development Impact Area (CDIA) where at least 50% of the population is below 80% of the median income and which is eligible for CDBG area benefit activities. This area also coincides with where there is majority concentration of African Americans.

The HOPWA program serves the 28 county Eligible Metropolitan Statistical Area (EMSA) that consists of the following counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton.

The basis for allocating investments geographically is to serve low/moderate income residents throughout the City, or further target resources to the CDIA, except for HOPWA that serves the entire EMSA, although mostly in the City and surrounding five counties. The basis for assigning priority and relative priority for funding varies by type of service and needs according to needs data, input from stakeholders, experience from working with programs, and the impact and availability of resources.

Obstacles to meeting underserved needs are primarily due to the lack of sufficient resources and the many different kinds of needs that must be addressed. Other obstacles, by category of funding, are identified.

Managing the Process (91.200 (b))

The lead agency for the Plan is the Department of Finance, Office of Grants Management (OGM) is responsible for the overall planning and coordination for the development of the 2010-2014 Consolidated Plan (CP).

Significant aspects of the planning process are that OGM develops the Five Year Plan in coordination with other City departments and public and private agencies that provide housing, HIV/AIDS services, social services, and programs for the homeless, as well as citizens residing in the City of Atlanta. Other plans are incorporated including the City's Comprehensive Development Plan, Continuum of Care, Plan to End Chronic Homelessness, the Catalyst Plan of AHA, Homeless Census, HOPWA Needs Assessments, and others.

Major consultations included other local jurisdictions, the State of Georgia, and Fulton and Dekalb Counties. Some of the groups consulted in preparation of the CP include, but are not limited to: the United Way, the Atlanta Development Authority, Atlanta Workforce Development Agency, Housing Authority of the City of Atlanta, Georgia Department of Community Affairs, Fulton County Department of Human Resources, Commission on Homelessness, the Tri-Jurisdictional Collaborative on Homelessness, the Pathways Community Network, and the Metro Atlanta HIV Health Services Planning Council. Data was also compiled from the Atlanta homeless census, in collaboration with homeless service providers throughout the metropolitan area. Comments received were taken into consideration and incorporated.

HOPWA:

As the governmental entity responsible for development of the metro-wide Housing Opportunities for Persons with AIDS (HOPWA) program, the City of Atlanta coordinates more closely with the surrounding counties that housed the majority of persons living with HIV/AIDS: Fulton, Dekalb, Gwinnett, Clayton and Cobb. The City also coordinates planning for the HOPWA program with the Metro Atlanta HIV Health Services Planning Council, which includes a broad range of organizations and individuals active in the HIV/AIDS arena in metro Atlanta. The HOPWA Committee presents preliminary recommendations to the full Planning Council for public comment and adoption of recommendations that are subsequently submitted for public review and comment in the City's Consolidated Plan public hearings.

Public Housing

The Atlanta Housing Authority (AHA) oversees public housing activities and projects in the City of Atlanta. Although the Mayor appoints and the City Council confirms the AHA Board of Commissioners, the AHA acts as an independent agency. The City works closely with AHA in the development of affordable housing opportunities and/or strategies to improve the housing stock and housing conditions within the City.

Citizen Participation (91.200 (b))

A summary of the citizen participation process includes year long activities. The official citizen participation mechanism of the City is a neighborhood planning process. The City is divided into 26 Neighborhood Planning Units, or NPUs, with each NPU composed of several neighborhoods that are geographically contiguous. These neighborhoods meet regularly to discuss issues of mutual concern. NPUs send a representative to the Atlanta Planning Advisory Board (APAB) to discuss areas of citywide concern. Staff from the City's Bureau of Planning attend all NPU meetings and provide technical assistance to citizens. This Citizen Participation Plan was developed after consultation with the City Bureau of Planning and input provided by the Neighborhood Planning Unit (NPU) process.

The City's draft Citizen Participation Plan was provided to citizens at the October public hearing. The Citizen Participation Plan sets forth the policies/procedures for 2010 for citizen participation that will be effective during the 2011 program year.

In preparation for the new Five Year Plan, Grants Management solicited feedback for the plan as part of the annual solicitation for proposals. Citizens were asked to provide feedback/ideas along with applications for funding at a March public hearing. Additional citizen input into the Plan is permitted at any time during the year and is solicited at the two annual public hearings. In order to enable non-English-speaking residents to participate in the planning process, the City works to provide translation assistance, upon request, from

the Latin American Association. A draft copy of a summary of the Plan was published on September 15, 2009, in the Atlanta Journal/Constitution and copies were made available on the City's web page and on the web page of the Tri-Jurisdiction on Homelessness. The plan was also available at City Hall in the Office of Grants Management. Comments were received from September 15 to November 1, 2009.

The Consolidated Plan includes adopted procedures for Plan Amendments, citizen comment, Performance Reports, Public Hearings, meetings, access to records, technical assistance, and handling of complaints.

Citizen comments are summarized as applicants seeking assistance and information, agency response to funding, and senior citizens seeking priority status and funding.

Citizen comments not included involved not funding a non-performing agency, and concerns are Atlanta's role in the metro area for HOPWA.

Institutional Structure (91.215 (i))

The institutional structure for carrying out the plan centers on the Department of Finance, Office of Grants Management (OGM). OGM prepares the five year plan, the annual plans, the performance reports, the Citizen Participation Plan, program amendments, other needs analysis and plans and reports as needed. OGM conducts an annual RFP process for Consolidated Plan programs including department and citizen reviews, ranking and evaluation of proposals and budget recommendations. OGM development management tools and forms, provides technical assistance and oversight, and conducts overall programmatic monitoring. OGM assigns projects to implementing agencies that enter into contracts, administer the contracts, submit bills for reimbursement, and conduct site monitoring. Two major implementing agencies are the Mayor's Office of Human Services (CDBG public services, ESG, HOWPA, and HPRP) and the Bureau of Housing (CDBG housing, HOME, NSP). The Department of Finance Office of Grant Services Grant Accounting group approves contracts and reimbursements, draws down funding from IDIS, and handles program income. The Atlanta Housing Authority (AHA) is an independent authority that carries out all public housing activities.

The strengths and gaps of the structure are the strong community participation and strength of the centralized grants management of the programs, but the main gaps are garnering sufficient resources to meet needs.

The strengths and gaps for AHA in public housing are the "sea change" of closing obsolete and distressed public housing projects where the poor were warehoused in pockets of poverty to building new mixed income communities and expanding the use of housing vouchers (19% used in suburbs). The main gap is a financing gap to finish new developments and the overall downturn of the economy and high unemployment rates affecting tenants.

Monitoring (91.230)

The standards and procedures that Atlanta uses for monitoring are developed by the Office of Grants Management in cooperation with implementing agencies, and involve the use of performance measures to determine impact on clients rather than tasks performed by agencies. Performance outcomes, measures and tasks are included in the work programs of all contracts. All contracts are monitored annually using checklists and standard reports.

Priority Needs Analysis and Strategies (91.215 (a))

The basis for assigning the priority given to each category of priority need depends on the level of need and the availability of resources to meet needs. However, overall, funding housing is the main priority, with homeless services and homeless housing also a major priority. Priorities for other categories of funding are also based on being housing or homeless related, dependent on levels of needs, and availability of resources. The Consolidated Plan programs are unique to city government for housing and social services because these are not designated as municipal services (housing is delegated to the AHA; social services are carried out by the County and State).

Obstacles to meeting underserved needs are mostly due to insufficient resources for those without documentation, for those with very low or no incomes, and for those with multiple problems.

Lead-based Paint (91.215 (g))

To estimate the number of housing units containing lead-based paint the City used a Georgia Tech report and concluded that about 30,000 units were built before 1940 and may be at risk of being exposed to lead paint. In the main neighborhoods with older housing, there may be over 10,000 units are high risk, about 4,000 at medium risk, and about 2,000 at some risk.

Actions to evaluate and reduce lead-based paint include incorporating all detection and abatement requirements in every rehabilitation project funded.

Housing Needs (91.215 (g))

To describe the estimated housing needs projected for the next five years for several categories of persons and to discuss specific housing problems (cost-burdens, substandard, over-crowded) the City had to use data from the last Census and some data from public and private data from local, state, and national sources.

In 2000, there were 54,612 City of Atlanta households that were either cost burdened, overcrowded, lacked complete plumbing and/or kitchen facilities, and/or physically substandard. In 2003, there were 42,315 substandard housing units in the City of Atlanta. Substandard is defined as not meeting HUD's housing quality standards and/or City of Atlanta housing code. Families/individuals in Atlanta who have housing needs are poor. Living in a *substandard housing* situation is primarily a consequence of low incomes: Nearly one-third of Atlanta households are either cost burdened, overcrowded or lack basic plumbing and kitchen facilities.

Relationship of income to housing problems: Within the population with housing needs, the poorest subgroup is also the most numerous. Cost burdened renters, who constitute 67.2% of those with housing needs, have the lowest incomes. Fully 39% of cost burdened renters have incomes of less than \$10,000. The second poorest group is overcrowded renters, whose median income is less than one half of the City median. One third of this population has incomes of \$10,000 or less. The conclusion from the analysis of overcrowded housing is that, unlike 30 years ago, the problem is not one of very large families and a too small housing stock. Rather, some low-income households of every size cannot find affordable housing which results in overcrowded units.

Cost Burdening: The most extensive housing need is cost burdening. Fully 48,760 of households with housing needs (89.3% of those with needs) are cost burdened. Three-quarters of households are renters and of those 44% are families.

Overcrowding is the second most pervasive housing problem.

Disproportionate racial need: While 35% of all Atlanta households have housing needs, 42% of African American households do. Overall black households are 1.89 times more likely than whites to have housing needs. For overcrowding, 83% of all overcrowded renter households are blacks, and 93% of all overcrowded owner households are black.

Priority Housing Needs (91.215 (b))

Summary of Priority Needs Table Over 5-Year Period

PRIORITY HOUSING NEEDS (Households)		PRIORITY NEED LEVEL HIGH, MEDIUM, LOW		UNMET NEED
Renter	Small Related (2-4 persons)	0-30%	H	22,900
		31-50%	H	16,100
		51-80%	L	2,800
	Large Related (5+ persons)	0-30%	H	500
		31-50%	H	1,100
		51-80%	L	*
	Elderly (1-2 HH)	0-30%	H	5,700
		31-50%	H	7,600
		51-80%	L	*
	All Other*	0-30%	L	
		31-50%	L	
		51-80%	L	
Owner	0-30%	H	5,000	
	31-50%	H	5,500	
	51-80%	L	2,100	
Special Needs	0-80%	H	1,500	

*Other renter category information unavailable

An analysis of housing market and housing needs is summed up by one characteristic so pervasive and fundamental to understanding the nature of housing problems: people who have housing needs are poor.

The basis for assigning priority to each category of priority needs are based on identified needs, the impact from available resources, and the availability of resources.

Obstacles to meeting underserved needs are limited financial resources, community opposition, inadequate capacity by non-profit agencies, concentrations of cost-burdened renters and lack of private financing for large developments, and the overall economic recession and collapse of the housing market.

Housing Market Analysis (91.210)

Significant characteristics of the housing market are rapidly changing since the significant characteristics of the housing market are rapidly changing since the economic recession began in the second half of 2007. Metropolitan Atlanta had been one of the nation's fastest growing populations, reaching 4,508,145 in 2003, which placed demands on housing. In 2003, the average rent in Atlanta was \$1,084 and the average cost of a home was \$152,400 (National Association of Realtors, *Median Sales Price of Existing Single-family Homes for Metropolitan Areas*, QIV 2003). Now known for record breaking number of job losses, bank defaults, and housing foreclosures, there are few sales, very little construction, many vacant units, and widely differing declines in values depending on specific location (but overall declines in values from 14-20%).

The Fulton County Tax Assessor's Office reported that the City had 42,315 substandard housing units in 2003, of which 28,666 were single family, 5,926 were duplexes, 420 were triplexes, 1,404 were quads, 2,024 were in 5-8 unit buildings, 1,692 were in 9-16 unit buildings, 1,056 were in 16-32 unit buildings, 648 were in 33-100 unit buildings, and 479 were in buildings with over 100 units. These numbers account for a decrease of 1,212 substandard units since 1998. The average appraised housing values increased significantly from 1998 to 2003. Single-family appraised values increased 41%, duplexes increased 53%, triplexes increased 51%, and quads increased 41%. More current data is needed based on the continuing declines in the housing markets and changing variables.

The development of housing (for sales and for rental) increased by at least 114% from the 1980s to mid-2000s. In the 2000s 3,683 new units were being added each year. A diverse mix of geographic areas, economic classes and building types has characterized development in the last few years. In 1980 there were only 15 townhomes in Atlanta, but now there are thousands, in addition to lofts, as well as new mansions, factory conversions, cluster homes, and all kinds of housing development throughout many gentrifying neighborhoods. This has all stopped with the collapse of the national housing markets.

The number and targeting of assisted units has been influenced the most by AHA who is replacing old projects with vouchers and new mixed income communities. There are also about 14,000 units in housing enterprises where tax abatement and impact fee waiver relief has been available.

The housing market influences the use of funds because it affects needs and the availability of resources.

Specific Housing Objectives (91.215 (b))

The priorities and specific objectives for Atlanta's affordable housing program during the next five years (2010-14) include the following:

1. Improve existing housing stock
 - Assist low-income homeowners with rehabilitation
 - Support acquisition/rehabilitation of multi-family units
 - Address health/safety issues for low/very low-income homeowners through emergency repairs
 - Support home weatherization and energy/conservation programs
 - Support programs to lower residential lead-based paint hazards
2. Support development of new affordable housing (acquisition, new construction)

- Develop affordable and/or mixed-income housing
- 3. Support housing options for very low-income households and seniors
- 4. Support housing options for disabled, including permanent, supportive housing
- 5. Support neighborhood preservation and development
 - Provide support to enforce/enhance City's Housing Code and to demolish in-rem dilapidated, blighted structures
 - Collaborate with public/non-profit programs that provide rehabilitation resources
 - Encourage coalitions/alliances with public/private entities to promote improved housing and neighborhood quality of life
 - Reclaim/rehabilitate vacant, foreclosed properties
- 6. Assist low and moderate-income persons/families with homeownership through downpayment assistance/second mortgage subsidies
- 7. Enforce fair housing
- 8. Support rental assistance, in particular for the disabled and formerly homeless to reduce cost burdens of housing.

Resources from other sources, though less because of the economic recession are reasonably expected to be available from multiple public and private sources.

Needs of Public Housing (91.210 (b))

The AHA 2010 Catalyst Plan is attached to the plan. By mid-2010 demolition of the old projects will be completed. Since 1994, AHA has increased housing vouchers by 400%, but will continue to own 11 senior high rises and two small family projects, in addition to the mixed income communities. In 2010, improvements to the still owned projects are needed to increase sustainability and the financing and development of the new communities will continue. As the recession affects self sufficiency of tenants, human development efforts are greatly needed in the coming year.

Public Housing Strategy (91.210)

The public housing strategy from the Catalyst Plan is to end concentrating families in the old distressed, isolated neighborhoods; develop new communities with public/private partnerships; create mixed-income communities; provide quality of life amenities such as schools, retail, and green space; and support families attain goals, self-sufficiency and education. AHA further defines seven priorities for the Revitalization Program known as "community building", the Quality of Life Initiative, project based rental assistance, the re-engineered housing choice voucher program, integrated asset management, linkages to human services, and improvements to the older projects.

AHA promotes tenant involvement and participation, and homeownership through a comprehensive program.

Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

Barriers include lack of resources and credit, lack of capacity, neighborhood opposition, and burdensome permitting/zoning processes. Progress has been made on reducing time needed for permitting, but the collapse of the housing market and the economic recession present huge challenges for the development and maintenance of affordable.

Strategies to decrease barriers include uses of resources with collaborations and partnerships, advocating to others to take actions, and improving internal processes.

Homeless Needs (91.205 (b) and 91.215 (c))

Homeless Needs

In January of 2009, the fourth point-in-time homeless census and survey was conducted for the City of Atlanta, Fulton County, and DeKalb County by Pathways Community Network. The homeless census provided counts of the homeless populations within these jurisdictions by demographic groups and sheltered/unsheltered status.

The 2009 homeless census found 7,019 persons homeless in the Tri-Jurisdictional area. 31% were unsheltered and 69% were in temporary housing settings. 82% of the City's point-in-time homeless population consisted of single persons, while 18% were persons in families. Full census results can be found at www.pcni.org.

In addition to those persons and families who are already homeless, many households in the City of Atlanta are at risk of homelessness. The risk factor that is most easily measurable is housing cost burden.

Priority Homeless Needs

Priority homeless needs are for single adult males who are chronically homeless. The Census estimates 1,649 chronic homeless men needing permanent supportive housing. If those in transitional housing are added to half of those in shelters and half on the street, then 2,120 units are needed. Families need about 100 units of permanent supportive housing. Homeless services are needed as well for addiction treatment, mental health treatment and physical health, all services that the State and county are responsible for providing.

Homeless Inventory (91.210 (c))

The inventory of homeless facilities is included in the Plan. There are 2,015 shelter beds for individuals and 1,508 for families. There are 2,060 transitional beds for singles and 1,150 for families. An additional 2,120 permanent supportive housing units are needed for singles and 100 more for families.

Homeless Strategic Plan (91.215 c)

Objectives for homeless services and facilities are:

1. Support emergency and transitional residential programs:

- Work to preserve the continuing operation of well-run residential programs meeting existing needs.
- Support the creation of additional, appropriate housing options for particularly under-served needs, including chronically homeless persons.
- Encourage the provision of case management services, either on-site, through visitation, or by means of off-site collaborations, for residents of emergency shelter. Require case management services as a part of transitional and permanent

2. Support programs for homeless families and children.

3. Support supportive services that enable homeless to attain stability, with priority to:

- case management services (especially for smaller shelter programs for which on-staff case management is not cost-effective, and for the unsheltered homeless)

- employment-related services
- family support services, including child care and domestic abuse services
- on-the-street outreach and services to unsheltered homeless
- emergency and short-term assistance, including transportation assistance, clothing, furnishings, and move-in assistance
- Support-service programs that provide specialized resources to other homeless providers and the broader homeless community
- Provide support to the homeless management information system and the homeless census and survey project, working in conjunction with the Tri-Jurisdictional Collaborative on Homelessness. Encourage active participation in HMIS by City-funded homeless assistance programs.

4. Support capital projects that create or enhance treatment facilities, including supportive housing for mentally ill persons. Although the City acknowledges the critical need for mental health services, substance-abuse treatment, and physical health services for the homeless, these services will be a lower priority for City *operational* support due to the City's limited financial resources, and because these services are more appropriately provided through county/State units which have expertise and charter responsibility for these specialized services.

5. Support specialized sheltering and service options for the difficult-to-serve chronic homeless population, which consists primarily of single men with significant incidences of substance abuse, criminal histories, and/or chronic mental illness.

6. Give priority funding consideration to:

- homeless programs which incorporate aftercare services, including long-term follow-up, support, and counseling as needed, to ensure that the families and individuals whom these programs have successfully transitioned are able to maintain independent living.
- programs that demonstrate success in moving homeless persons and families to stability, self-sufficiency, and permanent housing.

Community Development (91.215 (e))

Non-housing community development needs of the City of Atlanta, as the capital city of a large metropolitan area, are considerable. The City has massive infrastructure needs including public improvements and public facilities. Since two-thirds of the City is considered to be low/moderate income, there are also many human development needs across the array of public services especially since unemployment is estimated to exceed 15%. Economic development for the creation and retention of jobs is equally needed. The extent to which CDBG dollars can impact needs is minimal unless funding is carefully targeted to the best community efforts that collaborate, partner, leverage and stretch available resources for highest impact.

The basis for assigning priority given to each category of priority of need is based on the level of need, the impact, and the availability of resources.

Objectives are:

Economic Development: The City has identified neighborhoods where economic development is lagging behind the rest of the City. The objective for CDBG funding is to help expand economic opportunities for persons of low and moderate income by:

- (i) Supporting revitalization of commercial areas that serve low/moderate-income persons.
- (ii) Supporting small, minority and female-owned businesses and micro-enterprises.

- (iii) Supporting programs to create permanent, private-sector jobs for low/moderate-income persons.

Environmental/Community Facilities: The City has significant needs in the areas of infrastructure improvements. Many of the City's neighborhood facilities have deteriorated conditions, and many neighborhoods do not have adequate public infrastructure to address the needs of their residents.

Priorities in this area include:

- (i) Create/expand community facility/infrastructure in underserved low/moderate-income areas
- (ii) Address serious problems/deficiencies in existing City infrastructure/facilities
- (iii) Reduce air/noise pollution or other environmental nuisances
- (iv) Address significant health or safety problems
- (v) Preserve publicly-used and historically-significant structures that serve low/moderate-income persons or remove slum/blight conditions

Public Services: The Consolidated Plan (CP) gives priority to programs that enable low/moderate-income persons to obtain/maintain affordable housing and in particular to services for the homeless. Consolidated Plan policies to address these issues include the following:

- (i) Support programs that enable low- and moderate-income people to obtain/retain affordable housing including housing related services.
- (ii) Support programs for the homeless that support basic life needs (housing, employment, and other services).

Obstacles to meeting underserved needs include lack of resources especially during the economic recession.

Antipoverty Strategy (91.215 (h))

The City has goals to address poverty: 1) increase affordable housing, 2) increase access to jobs; 3) increase number of jobs, 4) preserve neighborhoods, and 5) promotion of greater economic and human development especially on the south side and poor neighborhoods. The policies and objectives are to support the necessary programs and projects to accomplish the goals, and the strategies for funding include coordination with others, and to giving highest priority to anti-poverty measures.

Specific Special Needs Objectives (91.215) and Non-Homeless Special Needs (91.205 (d) and 91.210 (d))

The priorities and specific objectives Atlanta hopes to achieve during the next five years for special needs includes not only for persons with HIV/AIDS but also the elderly, frail elderly, severe mental illness, developmentally disabled, physically disabled, and persons with addictions:

- 1) Support programs to enable seniors and those at risk of homelessness or unnecessary/premature institutionalization to remain in their homes and remain a part of their communities.
- 2) Support programs to enable persons with special needs to obtain/retain affordable housing and access needed services.
- 3) Support programs to enable persons living with HIV/AIDS to find/maintain affordable housing and life-support services.
- 4) Support programs to enable people living with HIV/AIDS with addictions or in recovery to become housed and become self-sustaining.
- 5) Support removal of barriers to increase accessibility for persons with disabilities.

Resources from other sources include the State, county, and federal governments and the private sector. It is generally acknowledged that resources are inadequate to meet all the needs which are why so many of the homeless have special needs.

Special need units: There is general recognition of the widespread need of the disabled, elderly and people with addictions for affordable housing. In public housing, the number of units required for young disabled persons is increasing. It is projected that approximately 10,183 individuals with AIDS in the metropolitan Atlanta area are in need of assistance with housing either through supportive housing facilities, rent subsidies or short-term assistance to enable them to maintain appropriate housing and access services.

Special Needs Homeless: The homeless population includes a significant number of persons living with HIV/AIDS, with substance abuse problems, with mental illness, and with disabilities.

Other Special Needs: There are various populations within the City that, although not homeless, require supportive housing. These include the elderly, the frail elderly, persons with physical and mental disabilities, and persons with HIV/AIDS and their families. Within the City of Atlanta, there are estimated to be over 57,000 elderly and over 24,000 frail elderly. Persons with physical disabilities are estimated at over 91,000, and with mental and developmental disabilities at over 4,300. The mentally ill are estimated at about 19,000 and there are about 36,000 with addictions. While Atlanta-specific data is not available on needs (the State and County are responsible for services to these populations and it is widely acknowledged that resources do not meet needs), it can be assumed that many need supportive housing and are candidates for assistance from Atlanta's Consolidated Plan programs.

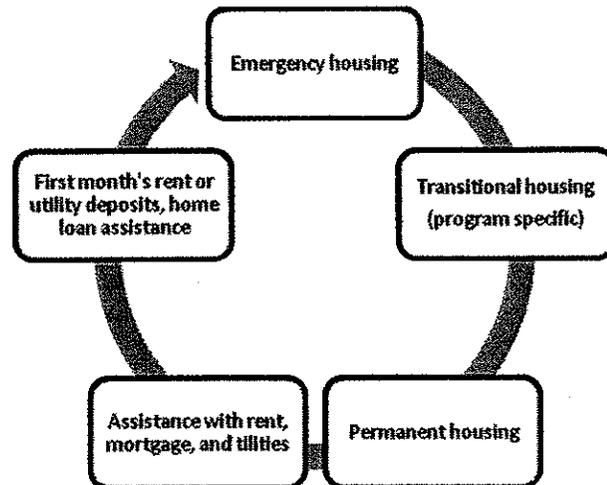
Public Housing: The Atlanta Housing Authority has a waiting list of over 18,000 households, and the complete AHA 2010 Plan is attached.

Use of HOME and HOPWA for tenant based rental assistance is justified in the plan based on the cost burden and housing affordability gaps in Atlanta. A household in Atlanta would need a yearly income of \$35,120 in order to afford at 30% of income the cost of fair market rent of a two bedroom apartment. A single person receiving SSI (the disabled, those with AIDS) only earns \$8,088 a year and has an affordability gap of \$587 monthly of a one bedroom apartment at fair market rent.

Facilities and permanent supportive housing are inventoried in the plan.

Housing Opportunities for People with AIDS (HOPWA) and Specific HOPWA Objectives

HOPWA over the next five years will ensure a continuum of housing and services for PLWHA:



Strengthening the existing continuum of housing will:

- Promote affordable, accessible, available, and adequate housing for low-income PLWHA;
- Increase housing options throughout the Atlanta EMSA by targeting HOPWA resources and connection to non-HOPWA housing resources
- Promote increased housing stability and maximum independence among low-income PLWHA;
- Ensure adequate supportive services that promote housing stability and ongoing access to care and support;
- Leverage HOPWA resources to connect to existing systems of healthcare, supportive services, and affordable housing—HOPWA becomes the bridge to these other systems of care and maximizes HOPWA resources (See Figure 6-2.);
- Build collaboration and planning among the City of Atlanta and HOPWA project sponsors; and

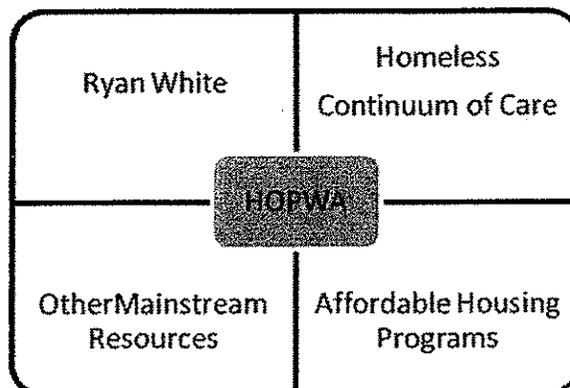


Figure 6-2. HOPWA's Connection to Other Systems of Care

- Build the capacity of project sponsors to undertake housing efforts

HOPWA needs and goals are summarized in the Table below. As of the end of 2008, there were a total of 24,679 persons living with HIV or AIDS in the Atlanta EMSA, about 24% white and 76% minority, and 77% male. Estimates of those with housing needs begin at 14,416 in 2010 and increase to 16,086 in 2014. Generally persons living with HIV/AIDS are low income (72%) and cannot afford or access adequate housing (78%).

Table 6-4. HOPWA Housing Needs and Output Goals, Years 1-5

		TBRA	STRMU	Facilities	Total
Needs		2,044	4,160	5,534	11,738
Current		269	743	543	1,555
Gap		1,775	3,417	4,991	10,183
Outputs and Funding		TBRA	STRMU	Facilities	Total
Year 1	Goal: HOPWA Assistance	276	825	555	1,656
		TBRA	STRMU	Facilities	Total
Needs		2,044	4,160	5,534	11,738
Current		269	743	543	1,555
Gap		1,775	3,417	4,991	10,183
Outputs and Funding		TBRA	STRMU	Facilities	Total
Year 1	Goal: HOPWA Assistance	276	825	555	1,656
	Goal: Non-HOPWA Assistance	35		44	79
	HOPWA Budget	\$650,315	\$346,461	\$2,903,932	\$3,900,707
Year 2	Goal: HOPWA Assistance	319	915	613	1,848
	Goal: Non-HOPWA Assistance	40		49	89
	HOPWA Budget	\$751,764	\$384,572	\$3,205,941	\$4,342,276
Year 3	Goal: HOPWA Assistance	369	1,016	677	2,062
	Goal: Non-HOPWA Assistance	46		54	100
	HOPWA Budget	\$869,039	\$426,874	\$3,539,359	\$4,835,272
Year 4	Goal: HOPWA Assistance	427	1,128	747	2,302
	Goal: Non-HOPWA Assistance	54		59	113
	HOPWA Budget	\$1,004,609	\$473,831	\$3,907,452	\$5,385,891
Year 5	Goal: HOPWA Assistance	493	1,252	825	2,570
	Goal: Non-HOPWA Assistance	62		66	128
	HOPWA Budget	\$1,161,328	\$525,952	\$4,313,827	\$6,001,107

Five-Year Plan



5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency

Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

Strategic Plan

Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.

Mission:

The City of Atlanta's Strategic Plan of the Consolidated Plan is for five years covering 2010-2014. The plan builds from the last five year plan (2005-2009) and is based on the City's Comprehensive Development Plans (1, 5, and 15 years), the Continuum of Care Plan, the Ten Year Plan to End Chronic Homelessness, the HOWPA Needs Assessment Plans, Atlanta Housing Authority's Catalyst Plan and other City planning efforts.

According to the City's Comprehensive Development Plan, the vision for Atlanta in the years ahead is that of a city which seizes unique opportunities and shapes itself to meet the needs of the next generation. It is a vision that works to create a more humane, safe and enjoyable place to live, work and raise children, raises the quality and productivity of the lives of its citizens, and includes diversity in age, race and economic status because its communities are flexible enough to meet the changing needs of residents.

The mission and three goals of the Strategic Plan of the Consolidated Plan are:

- Decent housing (promote affordable, accessible, available, and adequate housing for low income people and families including the homeless, those at risk, those living with HIV/AIDS, and other special needs)
- A Suitable Living Environment (improving community/environmental facilities, infrastructure, and livability of low/moderate income neighborhoods, eliminating blight, preserving historical communities/facilities, increasing access to public and private facilities)
- Expanded Economic Opportunities (job creation and retention for low income persons, empowerment and self-sufficiency, and assistance to small business)

General Questions

1. Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.

The geographic area of the City of Atlanta, the capital city of Georgia, is the center of a rapidly growing metropolitan area which until the recent recession was attracting new population. The City proper consists of 447,500 people in Fulton County and 33,200 in DeKalb County for a total of 480,700 according to 2009 estimates of the Atlanta Regional Commission. This constitutes only 11.7% of the ten county metro area populations. Unfortunately, metro area jobs have declined 17% this decade according to the U.S. Census most recently during the recession. According to the City's Comprehensive Development plan, "Jobs, people and prosperity have moved northwards and outwards, leaving a large

area of little or no population growth, economic decline, and an unusually high concentration of poverty on the south side of the City of Atlanta and its close-in southern suburbs....This north-south dividing line between prosperity and poverty strongly corresponds with long-standing residential racial segregation patterns”.

2. *Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)). Where appropriate, the jurisdiction should estimate the percentage of funds the jurisdiction plans to dedicate to target areas.*

The basis for allocating investments geographically for the Consolidated Plan CDBG, HOME, and ESG programs are for low/moderate income residents anywhere within the City, but many are located in the two-thirds of the City, mostly to the south, where 51% or more of the population is low/moderate income (according to the last Census) and where African Americans are concentrated. This area is called the CDIA, or Community Development Impact Area. The HOWPA program serves the 28 county metro area and the 24,679 persons living with HIV or AIDS (2008 estimate) though most of the population and programs are physically located in the inner City and adjacent four counties. The particular basis for assigning priority and relative priority for funding varies by each category of need, as described in more detail in the plan below, but includes: for homeless and HIV/AIDS, input from provider agencies, consultations with governments and key stakeholders, census and surveys, and years of experience in working with programs; for housing, based on identified needs, the impact of available resources, and the availability of resources. The City has no specific geographic targets but gives priority funding considerations to those areas and people most in need. A map of the CDIA and minority concentration is in the Other Narrative section at the end of the Plan.

3. *Identify any obstacles to meeting underserved needs (91.215(a)(3)).*

Obstacles to meeting underserved needs are primarily due to the lack of sufficient resources, in particular for those without documentation, for those who have very limited income or no income, and for those with multiple problems. The lack of affordable housing is also an obstacle. Several major obstacles to affordable housing are often cited: limited financial resources, community opposition to the development of services/facilities within their neighborhoods, and inadequate capacity by non-profit agencies to implement projects. The concentration of cost-burdened renters in large developments and the dearth of private financing available to developments containing fewer than 50 units, and the economies of scale for managing rental properties are also obstacles to meeting the need for affordable housing.

Managing the Process (91.200 (b))

1. *Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*

The Lead Agency for overseeing the development of the 2010-2014 Consolidated Plan (CP) is the Department of Finance, Office of Grants Services, Office of Grants Management (OGM). OGM develops the Five Year Plan in coordination with other City departments that implement grant funded projects. City planning efforts also include working with public and private agencies, some funded from the Plan, that provide housing, health services, social

services, and programs for the homeless. Citizens residing in the City of Atlanta are involved in the planning process throughout the grant year.

- 2. Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.*

Significant aspects of the process of developing the plan include consulting with other local jurisdictions, the State of Georgia, and Fulton and DeKalb Counties. Some of the groups consulted include, but are not limited to: The United Way, Atlanta Development Authority, Atlanta Public Schools, Atlanta Workforce Development Agency, Housing Authority of the City of Atlanta, Georgia Department of Human Resources, Georgia Department of Community Affairs, Fulton County Department of Human Resources, Metro Atlanta Tri-Jurisdiction Collaborative on Homelessness (Atlanta, Fulton, DeKalb), Regional Commission on Homelessness, and the Metro Atlanta HIV Health Services Planning Council. Data was also compiled from the Atlanta Homeless Census conducted January 2009, in collaboration with homeless service providers throughout the metropolitan area. Other data from surveys and publications were also aggregated in the plan.

- 3. Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.*

Major consultations took place in the formation of the plan. Citizens, business, and organizations in the City were consulted for general comprehensive community development planning at the neighborhood level. For homeless planning, regional governments, homeless providers, the faith based community, and homeless people were included. The 2009 homeless census and surveys were also used. For public housing, the AHA's revitalization planning included major linkage with human development and education agencies and corporate support. For HOWPA planning, needs analysis included clients, local governments, health agencies, and HOWPA providers. Broad consultations were made throughout the development of the plan.

4.

*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.

Citizen Participation (91.200 (b))

- 1. Provide a summary of the citizen participation process.*

A summary of the citizen participation process includes year-long activities prior to adoption of the Plan. The official citizen participation mechanism for the City is a neighborhood planning process. The City is divided into 26 NPUs; each NPU is composed of several neighborhoods that are geographically contiguous. These neighborhoods meet regularly to discuss issues of mutual concern and review all comprehensive development planning efforts of the City. NPUs send a representative to the Atlanta Planning Advisory Board (APAB) to discuss areas of citywide concern. At the beginning of the year, NPUs attend study group meetings and provide input in comprehensive development planning. Information on the amount of Consolidated Plan resources expected to be available, local needs and priorities, benefits to low/moderate income persons, plans to minimize displacement, as well as eligible activities, application materials, and a planning calendar are shared with all NPUs through direct mailing and on the City's web. A public hearing is held by the end of March to solicit comments on the previous year's performance as well as planning for the upcoming year. Technical assistance is provided to interested applicants on

an ongoing basis. HOWPA-specific information is sent to surrounding jurisdictions and to the Metro HIV Planning Council and its HOWPA Committee, and in the area of homelessness, all information is shared with the Tri-Jurisdiction Homeless collective, including posting on the Tri-J web site. Proposals for funding are due May 15, and are sent to NPUS, APAB, implementing City departments, other impacted agencies, the HIV Planning Council, and others as needed, to solicit widespread public review and comment. The five year plan and the annual action plans are publicly advertised in the Atlanta Journal Constitution newspaper, shared with applicants, agencies, departments, and put on appropriate web pages of the City and Tri-J. A second public hearing is held in October for all to comment, and the City Council Community Development Committee also meets and hears public comment before the Committee takes action. The full Council adopts the plans. Each fall the citizen participation plan, detailing all the public review processes, is presented with the Consolidated Plans, which sets forth the schedule and plans for the following year. For the five year plan, solicitations were made to key agencies for data and input into the plan, and in particular for HOWPA, surveys and special planning sessions were held. Staff attended and participated in several smaller City planning efforts to gain material for input into the Consolidated Plan. Plan amendments follow the same citizen review process, through the NPUS, and are held in the Council Community Development Committee for public review for 30 days. Public comments are always welcomed during Committee meetings. The Citizen Participation Plan and the Plan Amendment procedures are located in the Other Narrative section at the end of the plan.

2. Provide a summary of citizen comments or views on the plan.

Citizen comments on the Plan can be summarized as follows: 1) potential applicants seeking application assistance in record breaking numbers as other funding resources were not available, 2) HOWPA clients seeking better understanding of the HOWPA budgeting and planning process to increase services and improve housing for persons living with HIV/AIDS, and HOWPA service providers commenting on the undercounting of HOWPA eligible clients; 3) senior citizens speaking in favor of restoring funding in 2010 for Senior Citizens Services and requesting that services for seniors continue to be a priority in the Plan; 4) others involving miscellaneous comments on the lack of sufficient funding for projects, or commenting in support of those being recommended for funding in the plan.

3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.

4. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

One person commented on a specific agency not chosen to be funded; the City defunded the agency due to performance issues. Another person commented on not wanting to provide HOWPA resources outside the City, and it not being worth it to the City to administer a metro-wide grant. The City supports its role as HOWPA grantee for the EMSA serving those living with HV/AIDS in the region, and supports decentralization of HOWPA services since client surveys and providers indicate that clients prefer to stay in their own communities instead of coming into the inner City for HOWPA housing and services.

*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.

Institutional Structure (91.215 (i))

- 1. Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.*

The institutional structure through which the jurisdiction will carry out its Consolidated Plan is centered in the Department of Finance, Office of Grant Services. The budgeting and overall grants management is conducted by the Office of Grants Management (OGM). Funded projects are implemented either directly by City departments or through contracts that are developed by the City departments with non-profit, for-profit, or other governmental entities. Non-profits include CHDOs, CDCs, and other City of Atlanta-based agencies. Private for-profit contractors are used as consultants, construction contractors and for professional services. City departments also oversee/monitor project implementation, and track performance. During development and implementation of the Consolidated Plan, OGM coordinates with those City departments/units responsible for carrying out the funded projects, in order to ensure expeditious project implementation. OGM sets up projects and activities in the federal IDIS system and reports on performance; Grant Accounting (also in the Office of Grant Services) processes billing and draws funding from IDIS. OGM budgets projects in the accounting system, but implementing departments and Grant Accounting use the City system for project implementation. Below is a summary of the major duties of the key City government offices:

Office of Grants Management Responsibilities:

Develop the Five-Year Plan, Annual Action Plan, Annual Performance Report, Citizen Participation Plan, and program amendments and reports as needed.

Coordinate development of policies regarding implementation of the Consolidated Plan programs.

Conduct annual RFP process for Consolidated Plan programs, including citizen and departmental reviews of proposals, ranking and evaluation of proposals, and budget recommendations.

Budgets and sets up grant awards and grant projects in the City accounting system and in the federal IDIS and other financial reporting systems.

Develop standard forms and procedures for implementation of the Consolidated Plan programs.

Provide technical assistance, to City departments/agencies, citizens, and contractors for implementation of the Consolidated Plan programs.

Provide programmatic monitoring to assure compliance with federal and City regulations and requirements.

Carry out Davis-Bacon Wage Rate requirements, Environmental, IDIS, and citizen participation responsibilities for the Consolidated Plan programs.

Serve as liaison between the City and HUD for monitoring and other programmatic issues throughout the year.

Recommend Section 108 loans, coordinate reviews, and conduct cost/benefit analyses.

Departmental Responsibilities:

Assist OGM in evaluation of proposals and development of Consolidated Plan.

Develop/execute project-specific work programs and contract documents and/or program guidelines, as appropriate.

Process contracts, change orders, amendments.

Provide ongoing oversight of projects/contracts in progress.

Review and submit requests for payment from contractors.

Certify/document project/contract performance and completion.

Provide project close-out data and final performance outcome data.

Provide technical assistance to contractors, as needed to assure performance compliance.

Prepare beneficiary and project accomplishment/outcome data as required for HUD and City reports.

Solicit proposals to sub-grant generic grant programs (for example, the Bureau of Housing selects CHDO capital and operating projects from set-aside funds), and selects sub-recipients for contracting.

Prepare monitoring/site inspection reports as needed.

Grant Accounting/Office of Grant Services

Approve reimbursement requests for allowable and eligible grant payments for processing in City financial system.

Approve grant funding in City's financial system.

Draw down federal funding from IDIS and work with Finance Department to properly book in City's accounting system.

Reconcile the City's financial system and IDIS.

Review grants legislation and grant contract for financial management.

Book program income and work with Finance Department for proper accounting.

The competitive grant project award process is used to identify non-profit organizations and public institutions to receive funding. Private business and private industry entities participate in carrying out some grant activities by sub-granting funds through the normal federal and city procurement processes. All City procurement actions are coordinated with the Office of Procurement.

2. Assess the strengths and gaps in the delivery system.

Some strengths of the Consolidated Plan programs are widespread public participation and interest because of the strong public processes; standard grants management tools and processes due to the centralization of budget/management functions; and effective/efficient services due to the strength of the non-profit sector carrying out programs. Regarding

gaps, the City will continue to work with public and private entities to maximize limited resources, which is the most serious limitation for meeting the goals and objectives of this Plan. It is hoped that by increasing coordination and communication, the City will be able to create new opportunities for removing obstacles to meeting needs and addressing those areas most critical for affordable housing and community development for low and moderate income citizens in the City of Atlanta.

- 3. Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.*

In assessing the strengths and gaps in the delivery system for public housing, Executive Director Renee Lewis Glover says in the forward to the Atlanta Housing Authority's CATALYST 2010 Plan, "The Atlanta Housing Authority has undergone a sea change in how it addresses the need for affordable housing while creating the feeling of "home" for the more than 20,000 households it serves. By June 30, 2010, AHA will close the door on the era of warehousing poor families in obsolete and distressed public housing projects." According to CATALYST, AHA has successfully de-concentrated poverty by leveraging HOPE VI and other public housing development funds, its land, and its operating subsidies, by partnering with the private sector to create quality mixed use, mixed income communities. The plan says, "As a result, neighborhoods throughout the City of Atlanta have been transformed to healthy economically integrated communities with great neighborhood schools and other wonderful quality of life amenities. The real estate and human development outcomes have been outstanding—healthier, economically integrated, amenity-rich communities, increased real estate values, dramatically lower rates of crime, improved student school performance and substantially higher participation in the work force by assisted-households." While significant improvement has occurred, there are some anticipated gaps, or challenges, in the future: 1) the impact of the recession and economic downturn on AHA-assisted families and specifically their employment and overall well-being; and 2) difficulties in securing the equity and debt financing needed to initiate and/or complete the mixed income revitalization. The Atlanta Housing Authority (AHA) oversees all public housing activities and projects in the City of Atlanta. The AHA is organized under Georgia law to develop, acquire, lease and operate affordable housing for low-income families and, today, is the largest housing agency in Georgia and one of the largest in the nation, serving approximately 20,000 households. Although the Mayor appoints and the City Council confirms the AHA Board of Commissioners, the AHA acts as an independent agency and independently hires, contracts, and procures for services. The City works closely with AHA in the development of affordable housing opportunities and/or strategies to improve the housing stock and housing conditions within the City, and all capital improvements (including development, demolition and disposition) are coordinated with the City's Comprehensive Development Plan. AHA's CATALYST Plan is included in the Other Narrative section at the end of the Consolidated Plan.

Monitoring (91.230)

1. Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.

Regarding the standards and procedures Atlanta uses to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements, the Office of Grants Management (OGM) develops standards by which projects and programs are to be monitored. OGM provides programmatic monitoring, oversight and technical assistance to departments throughout the City that have responsibility for carrying out projects to assure that the program is in compliance with federal and City regulations. OGM develops monitoring forms, contract forms, and reporting forms to be used during the monitoring process. OGM has also developed a Performance tool to be used in the development of contract work programs (see "Performance Measures" below). Grants Management monitors Davis Bacon for all applicable construction projects and carries out environmental responsibilities for all projects funded under the Consolidated Plan grants. Although the implementing departments carry primary responsibility for project site monitoring, OGM conducts periodic monitoring to maintain oversight, address problems that are identified throughout the year, and to provide technical assistance to departmental contract administrators during the monitoring process. Implementing departments are responsible for monitoring all projects at least once annually, and more often as determined by need. Monitoring is to be based on contract work programs, which are developed in accordance with City, federal, and project-specific requirements. Programmatic factors reviewed include adherence to contract work program, review of appropriate documentation, and achievement of reporting requirements. Programs are also evaluated in relation to the contract Outcomes, Tasks, and Output goals.

Performance Measures:

In 2001, OGM developed a process for subrecipient agreements that based agency performance on the impact on the client, rather than the tasks performed by the agency. This process was adopted for all projects funded by Consolidated Plan grant programs. The City works closely with the agency to develop a Work Program that describes the purpose of the program in measurable Outcome language, while setting forth the Tasks to be performed by the agency and the means to be used by the agency to measure their success in meeting the Outcomes in the agreement. These performance measures pre-dated, but complement, the performance outcomes adopted by HUD in 2006. A full description of this performance-based process is included in the Other Narrative section at the end of the Plan.

Priority Needs Analysis and Strategies (91.215 (a))

1. *Describe the basis for assigning the priority given to each category of priority needs.*

The basis for assigning the priority given to each category of priority needs depends on the level of need and the availability of resources to meet needs. Since the 1990ies, the City has recognized the Consolidated Plan programs as the primary resource in the City for meeting housing needs. At that time, legislation was passed to target 75% of CDBG funding to housing and housing related needs (the other grants were already limited to housing/homeless activities). City government does not provide housing services other than local housing code enforcement, as public housing services are delegated to the independent housing authority. Thus, the Consolidated Plan programs are assigned by the City as the priority for addressing housing needs as being a unique resource for the City. The City recognizes overwhelming housing needs: 54,612 City of Atlanta households had housing needs based on the 2000 Census, and in 2003, 37,196 households lived in physically substandard housing (estimated using multiple local data sources). The Consolidated Plan identifies more specific needs for housing, but also specifically for the homeless, those with special needs and in particular for those living with HIV/AIDS, as well as other community development needs in low/moderate income areas. Secondly, priority

is given to those who are homeless and need housing the most: with over 7,000 thousand homeless counted in the annual 2009 census, the City has given priority to the homeless for any available Consolidated Plan funding. Since social services (health and welfare) are county, not municipal services, public services of the CDBG Consolidated Plan program are considered to be the primary priority for homeless services. Again, City resources for the homeless are not readily available other than Consolidated Plan resources. In summary, priorities for housing and for the homeless are based on needs and the availability, or rather lack of other available funding, to meet needs. For other categories of need such as community development or economic development, if housing or homeless related, then priority consideration is given. For example, a job training and placement program would have priority if it is specifically targeted to the homeless, and public infrastructure would have priority if nearby housing development would be occurring. For more specific basis of setting priorities within different categories of need, refer to the needs sections that follow.

2. Identify any obstacles to meeting underserved needs.

Obstacles to meeting underserved needs are primarily due to the lack of sufficient resources, in particular for those without documentation, for those who have very limited income or no income, and for those with multiple problems. The lack of affordable housing is also an obstacle. Several major obstacles to affordable housing are often cited: limited financial resources, community opposition to the development of services/facilities within their neighborhoods, and inadequate capacity by non-profit agencies to implement projects. The concentration of cost-burdened renters in large developments and the dearth of private financing available to developments containing fewer than 50 units, and the economies of scale for managing rental properties are also obstacles to meeting the need for affordable housing. The current recession and lack of housing financing is a recent, new obstacle.

Lead-based Paint (91.215 (g))

1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, low-income, and moderate-income families.

To estimate the number of housing units that contains lead-based paint, the City used the Georgia Tech Research Institute's *Final Report on an Estimate of Children Under Six with Elevated Blood Levels and Incidence of Target Housing and Child-occupied Facilities In Georgia* (February/2003) that indicated that many Atlanta households are at risk of lead-based paint hazards. According to this report, the Atlanta metropolitan statistical area (MSA) has approximately 41.1% (94,784) of the state's homes/units built before 1960 (those homes most likely to contain lead-based paint). In addition, the Atlanta MSA area houses approximately 35.5% of the state's children under age six living in poverty, which constitutes the most vulnerable population for lead-paint poisoning. Vulnerability to lead-paint exposure also follows the general attributes of low-income housing: cost burdened households, substandard structures/units, poverty, and minority populations.

The City's lead-based paint prevention program estimates that approximately 30,000 households in Atlanta reside in either apartments or houses built before 1940 and may be at risk of being exposed to lead-based paint. Primary needs have been identified in the Washington Park, Vine City, Castleberry Hill, Atlanta University, West End, Mechanicsville, Grant Park, Oakland City, Adair Park, Pittsburgh, Peoplestown, South Atlanta, Lakewood, Swallow Circle/Baywood, Capitol View, Sylvan Hill, and Perkerson neighborhoods. For these targeted areas, 80% (2,974) of the children under six are at risk from exposure to lead.

Based on 2000 census figures, in targeted neighborhoods, there may be as many 10,212 units of housing at *high* risk, 3,397 units at risk, and 2,107 units at some risk. It is estimated that one-third are occupied by extremely low-income families, 60% may be low income, and the remaining 10% may be moderate income families.

The chart below shows lead-based paint exposure of the Atlanta area in comparison to other communities within the metropolitan statistical area. A map of high risk census tracts is shown below.

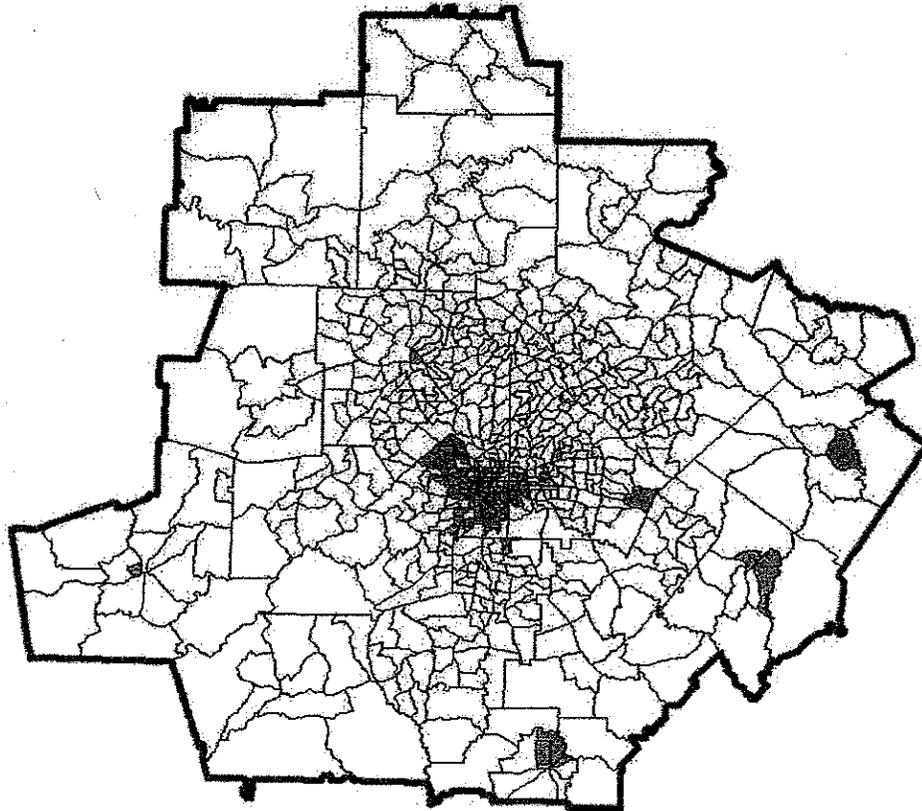
**Lead Paint Exposure Factor Population Counts
Geography: Metropolitan Statistical Areas (MSA)**

MSA	Poverty Counts for Age 0-5	Counts of Black Children Age 0-5	Counts of Pre-1960 Housing	Counts of Pre-1980 Housing
ALBANY	3,587	6,432	10,173	30,269
ATHENS	2,301	2,942	11,256	33,284
ATLANTA	45,707	118,849	230,836	708,038
AUGUSTA	6,075	11,380	26,519	69,751
CHATTANOOGA	1,658	310	13,483	32,189
COLUMBUS	4,426	8,906	27,308	61,184
MACON	6,809	12,144	32,307	80,320
SAVANNAH	5,265	10,185	36,688	72,319
NON-MSA	51,523	59,943	213,890	558,079
STATE	127,351	231,091	620,460	1,645,433

City of Atlanta High Risk Lead Paint Exposure

Map 4b: 'High Risk' Census Tracts

Georgia Census Tracts (MSAs Outlined in Blue)



2. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead based paint hazards will be integrated into housing policies and programs, and how the plan for the reduction of lead-based hazards is related to the extent of lead poisoning and hazards.

Actions being taken to evaluate and reduce lead-based paint hazards include compliance with the requirements set out in 24 CFR Part 35, plus all state and local lead reduction guidelines. Every applicable rehabilitation project (those built before 1978) is evaluated regarding hazard reduction, stabilization, interim controls, site work practices, standard treatments, and abatement. In addition, each homeowner, contractor, and/or project sponsor is notified with written notice/warnings regarding lead paint and their individual responsibilities in ensuring harm reduction and ongoing maintenance.

The City has written paint/lead-based paint abatement standards, practices, and procedures to which the City contracted housing rehabilitation projects must adhere. Applicable City staff ensure these specific requirements regarding abatement, protection of occupants and workers, and clean-up/disposal are incorporated into all City/HUD funded housing rehab contracts, initial inspection reports, bid proposals, and specifications.

The City's Bureau of Housing had established a Lead Advisory Committee that assisted in seeking grant funds to accomplish the goal of lowering residential lead-based paint hazards in affected properties. Some committee members also served on the Georgia Childhood Lead Poisoning Prevention Program's Advisory Committee. In addition, the Atlanta Housing Authority had a comprehensive Lead Hazard Management Program that educates its residents regarding lead-paint hazards, tests for hazards according to HUD requirements, and systematically addresses control issues at all applicable properties construction before 1978 although those properties are now being replaced with new construction.

HOUSING

Housing Needs (91.205)

*Please also refer to the Housing Needs Table in the Needs.xls workbook

1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, low-income, moderate-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, victims of domestic violence, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).

To describe the estimated housing needs projected for the next five years for several categories of persons and to discuss specific housing problems (cost-burden, severe cost-burden, substandard housing, and overcrowding), the City must rely on data provided by HUD that dates from the 2000 Census. Due to the current recession, unemployment, and foreclosure crisis, it is difficult to project needs from 2000 data because current trends are radically different from the previous decade. However, since the 2010 Census data may not be available until 2012, the following needs analysis, based on mostly 2000 data, must be used until the Consolidated Plan can be amended when new Census data is available.

Data included in this section is based on U.S. Census data as well as source material gathered from public and private data from local, State and national resources. Data was compiled from the Census and other data sources for the City of Atlanta by Dr. Larry Keating, City and Regional Planning Program, Georgia Institute of Technology, and submitted as part of a study entitled *Housing Needs in Atlanta, 2004* and in collaboration with a large number of additional entities, as referenced in various sections throughout this document.

In January 2004, the Georgia Department of Community Affairs (DCA) adopted the indices of housing needs that the U.S. Department of Housing and Urban Development (HUD) traditionally used to measure housing needs. DCA's "Minimum Standards and Procedures for Local Comprehensive Planning" stipulate that needs consist of:

- (i) *cost burdened* (low-income households), those paying over 30% of income for housing, or *severely cost burdened* (very low-income households), those paying over 50% of income for housing;
- (i) *overcrowded households* (defined as housing over 1.01 persons per habitable room);
- (ii) *households lacking complete plumbing and/or kitchen facilities; and/or*

- (iii) *physically substandard housing* (those not meeting HUD's housing quality standards and/or City of Atlanta housing code.

Utilizing these measures, 54,612 City of Atlanta households in 2000 had one or more of the first three types of housing needs¹, and in 2003, according to the Fulton County Tax Assessor's records, there were 42,315 substandard housing units in the City. Nearly one-third (32.5%) of the households in the City of Atlanta are either cost burdened, overcrowded or live in units that lack basic plumbing and kitchen facilities. This figure represents only those households having less than 80 percent of the regional median income, which in 2000 was \$50,400 for a family of four, but had increased to \$56,950 by 2009.²

Atlanta was one of the nation's fastest growing populations, reaching 4,508,145 in 2003, which placed demands on housing. Asking rents were expected to increase about .5% in 2004 and 1.5% in 2005 (*Multifamily Housing*, RED Capital Group, May/2004). In 2003, the average rent in Atlanta was \$1,084 and the average cost of a home was \$152,400 (National Association of Realtors, *Median Sales Price of Existing Single-family Homes for Metropolitan Areas*, QIV 2003). Likewise, HUD fair market rents in Atlanta have also increased (see table below). Consequently, current/rising housing costs place financial burdens on most households with extremely- to very low- income.

Atlanta FMR Values 2001 vs. 2005

Bedroom Size	2001	2005	\$ Variance	% Increase
0 BDRM	647	769	+122	19%
1 BDRM	720	834	+114	16%
2 BDRM	839	928	+89	11%
3 BDRM	1,119	1,150	+31	3%
Average	\$831	\$920	+\$89	+12%

Since then in 2008 rents had leveled off at very minor increases from 2005 levels; however due to the foreclosure crisis, the slow down in housing sales, and the greater number of single family homes available for rent, the current rent data may result in somewhat more available, and perhaps, affordable rents. Without 2010 data, it is difficult to project rents for the next five years.

Families/individuals in Atlanta who have housing needs are poor. Living in a *substandard housing* situation is primarily a consequence of low incomes: The City of Atlanta defines "substandard" as units that do not meet HUD Quality Living Standards (QLS) guidelines. "Standard housing" is housing that meets QLS guidelines.

The Fulton County Tax Assessor's Office reports that the City had 42,315 substandard housing units in 2003, of which 28,666 were single family, 5,926 were duplexes, 420 were triplexes, 1,404 were quads, 2,024 were in 5-8 unit buildings, 1,692 were in 9-16 unit buildings, 1,056 were in 16-32 unit buildings, 648 were in 33-100 unit buildings, and 479 were in buildings with over 100 units. These numbers account for a decrease of 1,212 substandard units since 1998, which occurred in the following categories:

Substandard Housing Stock Changes 1998 to 2003

Single Family	+2%
Duplex	-15%
Triplex	-15%
Quads	-08%
5-8 Units	-11%
9-16 Units	-27%
16-32 Units	-25%
33-10 Units	-23%
Over 100 Units	+36%

The average appraised housing stock values increased significantly from 1998 to 2003. Single-family appraised values increased 41%, duplexes increased 53%, triplexes increased 51%, quads increased an average of 41%.

Relationship of income to housing problems:

Within the population with housing needs, the poorest subgroup is also the most numerous. Cost burdened renters, who constitute 67.2% of those with housing needs, have the lowest incomes. Fully 39% of cost burdened renters have incomes of less than \$10,000. The second poorest group is overcrowded renters, whose median income is less than one half of the City's median. One third of this population has incomes of \$10,000 or less. Some statistics related to income are as follows:

- (1) 53.4% of households with one or more housing problems have extremely low incomes (defined by HUD as 30% or less of area median income). In 2000, this figure was \$15,144 for a two-person household and \$17,037 for a three-person household.
- (2) 78.2% of households with one or more housing problem have very low incomes (defined as 50% or less of area median income). In 2000, this figure was \$25,240 for a two-person household and \$28,395 for a three-person household.
- (3) All of the households described in this analysis have low incomes (80% or less of area median incomes; \$40,384 for a two-person household and \$45,432 for a three-person household.
- (4) For renters, 57.3% of those with a housing problem have extremely low-incomes and 82.3% have very low-incomes.
- (5) For owners, 40.3% of those with a housing problem have extremely low-incomes and 63.8% have very low-income.
- (6) In public housing, the average annual income of families is approximately \$7,516 and average percentage of families earning below 30% AMI is 94%.

Cost burdening:

The most extensive housing need is cost burdening. Fully 48,760 of the households with housing needs (89.3% of those with housing needs) are cost burdened. Three-quarters (75.3%) of cost-burdened households are renters. Of this group, 38.7% of renters, as opposed to 16.4% of owners, are cost burdened. Renters are more than twice as likely (2.36) to be cost burdened. Severely cost-burdened households pay 50% or more of their incomes for housing. There are 19,924 severely cost burdened renter households and 7,674 owner households in the City. Over one-half (54.2% of the cost burdened renters and

63.7% of the cost burdened owners) are severely cost burdened. Renters comprise 72.2% of cost burdened households. Some characteristics of cost-burdened households are:

Cost-burdened owner households:

- (i) 43.9% are families
- (ii) 51% are individuals living alone.
- (iii) 5.1% are multiple person non-family households
- (iv) 20.5% are married couple families
- (v) 20.5% are female householder families
- (vi) 30.8% of single-person households are female householders
- (vii) 20.28% of single-person households are male householders

¹Measurements of the first three indices of needs are drawn from the U.S. Census. Incidence of physically substandard housing is estimated using multiple local data sources. The different bases for the two sets of measures render indeterminate the extent to which physically substandard units are either cost burdened, overcrowded or lacking facilities, and vice versa.

²The rationale behind not considering households with more than 80% of the regional median income as having housing needs is that people with that level (and higher) of income have the fiscal resources to choose not to live in cost-burdened, overcrowded, or facility deficient housing situations. A closer examination of the data reveals that there are almost no households with 80% of median or higher incomes who are overcrowded or facility deficient. Slightly less than 4,000 owners (most of whom were relatively young) and 600 renters with higher incomes were cost burdened.

Cost-burdened renter households: (*Note: There are 3 times as many renters as owners*)

- (i) 38.6% are families
- (ii) 52.3% are individuals living alone
- (iii) 94.0% of renter households are families
- (iv) majority of rental families are married couple families
- (v) 27.2% are female householder families
- (vi) 52.3% are individuals living alone
- (vii) 29.3% of single-person households are female householders
- (viii) 23.0% of single-person households are male householders

The fact that the composition of cost burdened household sizes contains a majority of single individuals plus the fact that very few households exceed four persons means that average household size is low. For cost burdened owners, the average size is 1.89 persons. For cost-burdened renters, the average household size is 2.02. Both of these figures are substantially lower than the 1.30 average household size in the City of Atlanta.

Overcrowding is the second most pervasive housing problem. As many as 9,209 households have more than one person per habitable room.³ Overcrowding is largely a problem for renters: 8,221 (8.7%) renters are overcrowded, whereas 988 (1.3%) owner households are overcrowded. Some characteristics of overcrowded households are:

Characteristics of overcrowded households are:

- (i) Overcrowded households are substantially larger than other households.
- (ii) 92.5% of overcrowded owners are 92.5% black
- (iii) 82.9% of overcrowded renters are 82.9% black
- (iv) 50.8% of owner households are married couple families
- (v) 46.8% of owner households are female householder families

- (vi) 27.5% of renter households are married couple families
- (vii) 58.8% of renter households are female householder families

The conclusion from the analysis of overcrowded housing is that, unlike 30 years ago, the problem is not one of very large families and a too small housing stock. Rather, some low-income households of every size cannot find affordable housing and this results in overcrowded units.

Units lacking facilities and/or quality housing standards are a measure of housing adequacy that derives from mid-twentieth century and earlier when indoor plumbing was not nearly as common as it is today. The incidence of units lacking either a complete kitchen (hot and cold running water; sink; refrigerator and stove) or a complete bathroom (hot and cold running water; water closet; bath or shower) is increasing in Atlanta. In 2000, there were 2,436 such units, of which 1,932 were rented and 504 were owned. Illegal subdivision of existing units and poverty are the most likely explanations for the increasing numbers of these units.

³The Census defines habitable rooms such that living rooms are habitable, but bathrooms, kitchens and dining areas are not.

Large families do not characterize the general household size within the City of Atlanta. In 2003, according to the U.S. Census, the average household size was 2.4 persons and the average family size was 3.4 persons. In addition, the average household size of homeowners was 2.4 and the average household size of renters was 2.0. With regard to housing, most housing units had 4-5 rooms, and approximately 80% of total housing units had one occupant per room.

Age of householders with housing needs varies by type of need. No single group has a median age less than 30. Most households with housing needs have members who are mature members of the community. Some statistics related to age are:

- (i) Overcrowded renters are the youngest group with a median age of 30.3
- (ii) 39.2% of renters are between ages 25 and 34
- (iii) 25.1% of renters are younger
- (iv) 21.2% of renters are ages 35-44
- (v) 14.4% of renters are older than 45
- (vi) Owners with housing needs are significantly older with a median age of 54.5
- (vii) 43.8% of owners are age 59 and older
- (viii) 2.1% of owners are under age 24
- (ix) Median age of overcrowded owners is 49.9

Types of existing housing units:

In the ownership sector, the predominate type of housing is single-family detached, with approximately 70% of cost-burdened households and over 90% of overcrowded households living in this type of housing. The only other housing types containing more than 600 cost-burdened owner households are attached single-family (6.0%) and larger developments of 50 or more units (5.8%).

On the rental side, housing types are more disparate. No type of housing contains more than 25% of the cost-burdened renters, although developments of 50 units or more come close at 24.8% (approximately 9,000 units). Other types of housing range from single-family detached to apartment developments of 20-49 units. Overcrowded renters exhibit similar variations in housing types, ranging from developments of 5-9 units (20.9%), 10-19 unit buildings (18%), and 3-4 unit buildings (14%).

Special need units:

There is general recognition of the widespread need of the disabled, elderly and people with addictions for affordable housing. In public housing, the number of units required for young disabled persons is increasing. It is projected that approximately 10,183 individuals with AIDS in the metropolitan Atlanta area are in need of assistance either through supportive housing facilities, rent subsidies or short-term assistance to enable them to maintain appropriate housing and access services (see HOPWA plan in Other Narrative section for details of needs). For more information on Special Needs, see that section of the Plan.

- 2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.*

While 34.7% of all households in Atlanta have housing needs, 42.2% of black households do. The comparable figure for whites is 24.1%. Whereas 46.1% of renter households live in substandard housing situations, 52.3% of black renter households do. The comparable figure for white households is 13.7%. Overall, black households are 1.89 times more likely than whites to have housing needs. The relatively small (4,757) Hispanic population exhibits similar characteristics with over 37.6% of households having housing problems. The concentration of overcrowding on African-American renters is even more pronounced; 82.8% of all overcrowded rental households are black and 92.5% of all overcrowded owner households are black.

Priority Housing Needs (91.215 (b))

- 1. Identify the priority housing needs and activities in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.*

The City has identified priority housing needs and activities in accordance with the categories specified in the Housing Needs Table. Not all of the priority needs outlined in the table are funding priorities for the City of Atlanta's Consolidated Plan grant programs. The City's funding choices take into consideration many factors including responsibilities and priorities of other jurisdictions, other government and grant resources, City capacity to implement, and funding limitations. In general, the City has the lowest income renters and owners as priority for housing assistance.

Summary of Priority Needs Table Over 5-Year Period

PRIORITY HOUSING NEEDS (Households)		PRIORITY NEED LEVEL HIGH, MEDIUM, LOW		UNMET NEED
Renter	Small Related (2-4 persons)	0-30%	H	22,900
		31-50%	H	16,100
		51-80%	L	2,800
	Large Related (5+ persons)	0-30%	H	500
31-50%		H	1,100	
51-80%		L	*	
Elderly (1-2 HH)	0-30%	H	5,700	
	31-50%	H	7,600	
	51-80%	L	*	
All Other*	0-30%	L		
	31-50%	L		
	51-80%	L		
Owner	0-30%	H	5,000	
	31-50%	H	5,500	
	51-80%	L	2,100	
Special Needs	0-80%	H	1,500	

*Other renter category information unavailable

2. Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.

Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.

An analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category can be summed up by one characteristic so pervasive and fundamental to understanding the nature of the housing problem: people who have housing needs are poor. Living in substandard housing situations is primarily a consequence of low incomes: 1) about 53% of households with housing problems have extremely low incomes, 2) 78% of households with housing problems have very low income (50% or less of median in income which was \$15,144 for a two person household in 2000), 3) for renters almost 60% with housing problems have

extremely low incomes and over 80% have very low incomes, and 4) for owners, about 40% are low and 64% very low income. The biggest housing problem is cost burden and three-quarters of it are renters. Renters are twice as likely to be cost burdened as owners, and renters are 2.55 times more likely to live in substandard conditions making them a priority for assistance.

The next biggest problem is overcrowding. The concentration of overcrowding on African-American renters is pronounced: about 83% of overcrowded rental households are black renters and 93% of all overcrowded owner households are black owners. Many cannot afford or find affordable housing to accommodate their needs and thus settle for smaller units.

The current recession is severe and has caused much unemployment. While the unemployment rate topped 10% nationally in November, 2009, based on recent trends, African Americans in Georgia are likely to have rates topping 15%. There are also part-time workers, seasonal workers, and discouraged workers that are not taken into account. The lack of income will continue to make housing cost burdens more acute.

Georgia's economy is currently one of the most troubled in the nation with record breaking numbers of job losses, bank failures, and home foreclosures. Bank financings and home building has ground to a halt since 2007 with very few building permits being issued. Homes prices have declined at least 10% but very few home sales are taking place. It is important to the City to preserve the existing housing stock for current owners, and to make all housing more affordable as incomes decline. More specific needs and priorities are reflected in the housing needs table.

3. Describe the basis for assigning the priority given to each category of priority needs.

The basis for assigning the priority given to each category of priority needs are based on identified needs, the impact anticipated from available resources on these needs, and the availability of resources from the City or other funding sources. Families comprise 43.9% of cost-burdened owner households and 38.6% of cost-burdened renter households. They are also a significant percentage of those residing in overcrowded households. The availability of affordable housing is a major concern to address both of these problems and this need was considered in the development of the housing objectives.

In August/2002, the City of Atlanta's Mayor published *A Vision for Housing in Atlanta: Great Housing in Great Neighborhoods*, which outlined the priority objectives for the City's housing program. This "vision" also impacts the City's priorities:

- Improve/remove administrative and legislative barriers to effective housing
- Leverage/coordinate the City's housing resources
- Emphasize housing for working persons/families
- Protect housing for senior and disabled citizens
- Establish coalitions/alliances to create "great neighborhoods".

4. Identify any obstacles to meeting underserved needs.

In identifying obstacles to meeting underserved needs, although they may result from many factors, several major obstacles to affordable housing that are often cited are: limited financial resources, community opposition to the development of services/facilities within their neighborhoods, and inadequate capacity by non-profit agencies to implement projects. The concentration of cost-burdened renters in large developments and the dearth of private financing available to developments containing fewer than 50 units, and the economies of

scale for managing rental properties are also obstacles to meeting the need for affordable housing. The collapse of the housing market and the lack of current financing due to the recession are added obstacles.

Housing Market Analysis (91.210)

*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook

- 1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families. Data on the housing market should include, to the extent information is available, an estimate of the number of vacant or abandoned buildings and whether units in these buildings are suitable for rehabilitation.*

In describing the significant characteristics of the housing market in terms of supply, demand, condition, and cost of housing, all has changed dramatically because of the 2007 recession and the collapse of the housing market. In the last five year plan, residential sales were reported as robust in multiple submarkets. Average sales prices over the five year period ranged from \$1,040,629 in Northwest Atlanta (NPU-A), through \$539,518 and \$546,682 in NPUs B and C respectively, to \$82,995 in NOU-J and \$87,180 in NPU-Z. From 2000-2004 sales prices increased almost 20% and prices in Atlanta were 28% higher than units in the rest of Metro Atlanta. Up until 2004, new residential construction lagged behind sales in existing units until a firm base of gentrification-induced increasing numbers of sales and increasing sales prices assured developers and their financial institutions that investments in developing new housing were secure.

The development of housing (for sales and rental) within the city increased by at least 114% between the 1980s to mid-2000s. Average annual additions to the stock from 1980 to the early 1990s were 1,710 units. In the 2000s 3,683 new units were being added each year. The location and types of new development changed substantially as did the volume. The 1980s witnessed: (1) subdivision and infill in the northwest of difficult-to-develop lots passed over by the initial wave of new construction; (2) continued suburban development on the southwest side as the African American population built out the last remaining expanse of undeveloped properties within the City; (3) sporadic and deeply subsidized completion of a few decades old urban renewal properties east of the central business district; and (4) a modest number of small infill developments in established gentrified neighborhoods. A much more diverse mix of geographic areas, economic classes and building types characterized development since 2004. Earlier data documented the nearly complete geographic dispersion of new residential construction throughout the city. Sites varied from the last remaining undeveloped parcel in the area, to former commercial, industrial or residential uses. Economic classes ranged from a few new units of public housing through a full range of rental and ownership levels to million dollar penthouses and mansions. Building types were equally diverse. Lofts were developed in former warehouses, factories, office buildings and built anew. As a suburban, sunbelt city, in 1980 Atlanta had fewer than 15 townhouses. Now there are thousands. Similarly with high rise condominiums: from three or four in the 1980s to more than 30 currently. Low rise condominium conversions transformed at least 6,000 units of existing rental stock. Cluster homes, townhomes, hospital conversions, above-the-store, new urbanist-on-the street and accessory units on the golf course: there are now multiple different types of units.

According to local real estate data, the recession and housing market collapse began in 2007. While there were 37,497 homes sales in the Atlanta area market from January to

July 2007, sales dropped to 20,618 in the next six months. During the last half of 2008, only 18,178 homes were sold. Meanwhile, as people lost employment, mortgage instruments were no longer affordable, and sales prices plummeted, home foreclosures increased. From a total of 9,334 in 2006 to a cumulative total of 27,706 by mid-2008, foreclosures are continuing to increase. At the end of the third quarter of 2009, foreclosures surpassed the 2008 record, and it is estimated at the current pace that Fulton County will have about 35% more foreclosures at the end of 2009 than 2008. There are thousands of foreclosures and many vacant structures, thought to provide over a year's worth of inventory, and many have been vandalized but remain suitable for rehabilitation. Initially tied mostly to the subprime lending crisis, now more foreclosures are because of the overall slow economy and the loss of jobs, credit, and home sales.

The roots of the current recession are in the housing market as speculative investment instruments known as mortgage-backed securities and credit default swaps caused a housing bubble of unsupported higher values. The weak housing market has increased pressure for local banks and credit has tightened. In 2007, Georgia building permits for multifamily units dropped 2.5%, and single family permits decreased by 36%. By the end of September, 2009 only 114 single family homes were permitted in the City compared to 178 permitted in the month of October 2006 alone. Even when the market was robust, for many types and economic classes in the City, there was general recognition of the widespread need of the disabled for affordable housing (see sections on Special Needs and HOWPA) which is even more pronounced now that the housing market has collapsed.

- 2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).*

The number and targeting (income level and type of household served) of units assisted by local, state, or federally funded programs include an array of programs targeted mostly to low and moderate income renters. The Atlanta Housing Authority is the largest player in federal assisted housing, both public housing and housing vouchers, which is described in the public housing sections below. The City manages a few Section 8 SRO projects with one 46 unit facility expiring in 2009 but expected to be renewed. Other federally supported rental units through other programs are continuously expiring, but state tax credits and local housing enterprise zones and bond funds are continuing to subsidize this spectrum of the housing market for the very low income renter. As of 2004, Atlanta had over 10,300 units supported in 53 housing enterprise zones, a program that is about 20 years old. Another 2200 units were supported in residential/commercial enterprise zones, and 1,400 more in commercial/industrial zones. Tax abatement and impact fee waiver relief is used in the zones to encourage affordable housing development. State tax credits have also been used in a number of multi-family rental projects, some designated for the elderly and disabled.

- 3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.*

The characteristics of the housing market influence the use of the funds being made available. Rental assistance is a higher priority as incomes drop but rental prices remain unaffordable and cost burdened households continue to struggle to maintain housing. Construction and permanent financing subsidies are needed for new construction as the

credit market has tightened. Rehabilitation, particularly of the gutted, foreclosed structures remains a high priority for funding to preserve the existing affordable housing stock. The acquisition of units is also a priority, especially in the case of high foreclosures, to secure units at affordable prices. In the current housing market, all types of housing subsidies are needed but especially for very low income people.

Specific Housing Objectives (91.215 (b))

1. Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.

The priorities and specific objectives for Atlanta's affordable housing program during the next five years (2010-14) includes the following:

- a. Improve existing housing stock
 - Assist low-income homeowners with rehabilitation
 - Support acquisition/rehabilitation of multi-family units
 - Address health/safety issues for low/very low-income homeowners through emergency repairs
 - Support home weatherization and energy/conservation programs
 - Support programs to lower residential lead-based paint hazards
- b. Support development of new affordable housing (acquisition, new construction)
 - Develop affordable and/or mixed-income housing
- c. Support housing options for very low-income households and seniors
- d. Support housing options for disabled, including permanent, supportive housing
- e. Support neighborhood preservation and development
 - Provide support to enforce/enhance City's Housing Code and to demolish in rem dilapidated, blighted structures
 - Collaborate with public/non-profit programs that provide rehabilitation resources
 - Encourage coalitions/alliances with public/private entities to promote improved housing and neighborhood quality of life
 - Reclaim/rehabilitate vacant, foreclosed properties
- f. Assist low and moderate-income persons/families with homeownership through downpayment assistance/second mortgage subsidies
- g. Enforce fair housing
- h. Support rental assistance, in particular for the disabled and formerly homeless to reduce cost burdens of housing.

2. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

Federal, State, and local public and private sector resources are reasonably expected to continue during the next five year plan to support an array of housing programs, but at different levels than the last five year plan. Block grants (CDBG, HOME, ESG, and HOWPA) are projected to increase slightly as federal funding appears to be increasing. Homeless assistance from the SuperNOFA also appears to be increasing somewhat. Special federal economic stimulus grants (CDBG-R, HPRP, Energy Efficiencies for private and public housing) and the Neighborhood Stabilization grant programs are expected to be available in

the first two-three years, while private financing, local and state resources are expected to be less due to the economic recession. Atlanta's Empowerment Zone/ACORA program will be ending. State and local bond programs are also likely to decline during the duration of the recession due to the difficult bond markets.

Needs of Public Housing (91.210 (b))

In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.

3-5 Year Strategic Plan Needs of Public Housing response:

Public Housing Strategy (91.210)

The Atlanta Housing Authority has included in its 2010 Catalyst Plan (see Other Narrative Section at end of plan) descriptions of the needs of public housing, including the number of units, the physical conditions, the restoration and revitalization needs, and other factors. In summary, AHA's Revitalization Program and Quality of Life Initiative permitted under the MTW Agreement with HUD, is promoting major changes to public housing in Atlanta. As AHA has demolished its distressed and obsolete units, AHA has received Housing Choice Vouchers to relocate residents. Since 1994, AHA has increased vouchers 400% and has demolished approximately 10,000 distressed units. By June 30, 2010, demolitions of the old projects will be completed, and AHA will own 11 senior high rise buildings and two small family public housing assisted developments. AHA will continue to improve those properties and work to improve the quality of life with emphasis on supportive services for the elderly and disabled.

In 1995, 47% of AHA assisted households lived in public housing developments, 33% used Housing Choice vouchers and 20% lived in properties primarily serving the elderly. According to AHA's independent research, by 2007, only 15% of households lived in public housing while 57% used vouchers, 9% lived in new mixed use developments, 18% lived in facilities for the elderly and 2% lived in project based rental assisted projects. Those living with vouchers and in mixed income projects showed more improvements in self-sufficiency (average \$1,427 and \$2,915 respectively in increased incomes) and their children performed better in school than families in public housing projects. Work is still needed to complete mixed income communities, physically improve those remaining units, and continue to whittle waiting lists from prior to the recession. Affordable housing needs continue to outstrip available public housing resources.

There are 12,962 on the site-based waitlist of individuals/families seeking residency in one of 13 public housing communities (11 senior and 2 family) and 20 mixed income communities. There are also 5,500 on the waitlist for tenant-based vouchers for those individuals seeking opportunities to choose and lease safe, decent, and affordable privately-owner rental housing. Based on the findings of AHA's own needs assessment, it concludes

that it is adequately addressing the needs of the mobility disabled and is well below the 5% required UFAS-Accessible Units. Of the current AHA residents, 0.29% require accessible units, and of the applicants with disabilities, 2.20% will require accessible units based on the number of total housing units receiving public housing subsidy. Only 1.48% of applicants on the site-based waiting lists require accessible units.

1. *Describe the public housing agency's strategy to serve the needs of extremely low-income, low-income, and moderate-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, low-income, and moderate families residing in public housing.*

AHA describes their strategy to serve the needs of extremely low, low, and moderate income families they serve, their strategy to address revitalization and restoration projects and to improve management and operations, and their strategy for improving the living environment of their families in the CATALYST Plan located in the Other Narrative section. A brief summary is described below.

Known as "five guiding principles", AHA will: 1) end concentrating low income families in distressed, isolated neighborhoods; 2) develop communities through public/private partnerships and resources using market principles; 3) create mixed-income communities with affordable components; 4) ensure long-term marketability and sustainability with excellent schools and quality of life amenities, retail, and green space; and 5) support families attain goals, self-sufficiency, and education.

AHA has seven priorities.

- 1) The Revitalization Program known as "community building" projects in mixed income developments.
- 2) The Quality of Life Initiative to relocate affected families including coaching and counseling for resettlement, economic independence and family success.
- 3) Use project based rental assistance as a development tool.
- 4) "Re-engineer the Housing Choice Voucher Program" with better business and technology systems.
- 5) Better integrated asset management.
- 6) Linkage to human services for residents.
- 7) Improving the "longer-term hold communities" and developing expertise in housing for the elderly and disabled.

2. *Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))*

AHA's plan will help address the needs of public housing residents, will encourage residents to become more involved in management, and to participate in homeownership, if appropriate. The CATALYST plan in the other narrative section includes details about the requirement of some level of employment, self-sufficiency plans, counseling, links to services through a wide network of human service agencies, and better education for residents. The Good Neighbor program with Georgia State University trains residents on their areas of social responsibility and participation in projects, and the Comprehensive

Homeownership program includes HUD's Family Self-Sufficiency Program to prepare those for successful homeownership.

3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))

N/A

Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

1. *Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.*

The cost of housing and the incentives to develop, maintain, or improve affordable housing are affected by City policies and operations. Zoning requirements are strict particularly for supportive housing which must be located within certain distances of each other and must obtain neighborhood support for approval which discourages development in general. Building requirements, for example to compete energy conservation in low income homes, was found to cost about \$2400 more in 2008 in the City of Atlanta compared to unincorporated areas of the County for what is considered to be minor rehabilitation. The permitting process for any construction has been lengthy and complicated. Land prices had been escalating until the recent recession. Insufficient public subsidies and private financing has not been helpful to support affordable housing. High crime areas with inadequate code enforcement have also been cited as barriers. The discrimination by banks, insurance companies, and land owners, toward African American and Hispanic owners, developers, and tenants persists, all as barriers to affordable housing.

The Atlanta Outreach Consortium conducted a survey in August 1999 to identify "affordable housing obstacles and solutions" in Atlanta. This baseline study remains relevant for the next five years. Forty experts in the field considered the following areas as needing policy revisions, and/or as constituting barriers and threats to new and existing affordable housing

- (i) Land prices have been increasing in the inner-city, making it increasingly difficult to find large tracts of land that can support affordable housing.
- (ii) The provision of most affordable multi-family housing is through renovation of existing units; however, there are fewer suitable units of the appropriate scale available for renovation for affordable housing. For those complexes that do exist, prices are going up.
- (iii) Small multi-family units (4-30 units) are abundant, but not always financially attractive to investors.
- (iv) The opposition of residents to additional apartment complexes and housing for the very low income constitutes a barrier to affordable housing.
- (v) Given construction costs, truly affordable housing requires subsidies, which are limited and require complex coordination and scheduling among various funding sources.

- (vi) Timing and coordination of permitting, building codes, funding sources, demolition liens, insurable titles, and zoning issues may provide barriers to affordable housing.
- (vii) While there is general consensus that most for-profit developers have more capacity than non-profits, most for-profit developers are not likely to be involved in affordable housing in the City.
- (viii) The upgrading and preservation of existing single-family housing is difficult due to the risk and costs involved and the limitations on the use of most funds.
- (ix) There is an inadequate level of venture capital in the affordable housing arena.
- (x) There is a reluctance of many financial institutions to finance multi-family development, especially small venture projects, and housing for special needs populations, particularly if they are to be located in low-income neighborhoods.

2. *Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.*

The strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing includes the following.

The City of Atlanta is committed to using City resources and encouraging other public and private funders to improve the affordable housing stock for low and moderate income City residents by minimizing or removing barriers. To further these goals, the City intends to:

- (i) Encourage and fund community-based developers and service providers in good standing with Neighborhood Planning Units to develop supportive housing/shelters for persons with no- to very low-income;
- (ii) Continue to improve the recently amended Supportive Housing Zoning Ordinance to facilitate more permanent supportive housing;
- (iii) Improve the City's computerized permitting process and develop a review process to streamline the City's permitting process to reduce costs; and
- (iv) Continue to work with the housing community to develop new strategies and provide support for affordable housing programs;
- (v) Improve code enforcement including with more resources for needed demolitions of blighted structures;
- (vi) Increase public safety, neighborhood watches and neighborhood policing for overall improved quality of life in support of affordable housing;
- (vii) Utilize the Impediments to Fair Housing Study as a basis to fund and to improve the enforcement fair housing and to improve access to affordable housing.

HOMELESS

Homeless Needs (91.205 (b) and 91.215 (c))

*Please also refer to the Homeless Needs Table in the Needs.xls workbook

Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness and chronic homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.

Homeless Needs

The Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness, covering the City of Atlanta, Fulton County, and DeKalb County and referred to henceforth as the Tri-J, has been a leader in research on homeless populations and needs. Beginning in 2003, the Tri-J has worked in concert with Pathways Community Network, Inc. (PCNI), the State of Georgia's HMIS provider, to conduct bi-annual homeless census counts covering the entire Tri-J's entire geographic area of 991 square miles, and homeless surveys among hundreds of homeless individuals and families, encompassing all needs groups and both sheltered and unsheltered populations. The Tri-J census and survey project is recognized as a national "best practice," providing detailed information on the causes and nature of homelessness, the size and characteristics of population subgroups, and the self-perceived needs of homeless persons. Data in Table 1(a), representing the Tri-J homeless population, is derived from these efforts.

The population of homeless single persons in Atlanta is disproportionately African-American, male, and either never married or divorced. Single homeless persons tend to be somewhat older than the general population, and with a notably higher proportion of veterans. Addictive disorders are seen in more than half, and mental illness in more than a fourth. Domestic violence is not a common cause of homelessness among this group, affecting only 5%. Over one-fourth are usually unsheltered, and a startling 38% are chronic homeless.

Homeless families are nearly all single-parent female headed households. A parent's mental illness is seen in almost one-third of these families, and substance addictions in almost one-fifth. Domestic violence is a factor in homelessness for 23%. More than 93% of homeless families are sheltered.

For groups at risk of homelessness, very little accurate current data exist. Information here is primarily anecdotal. The recent, severe economic recession has caused tremendous demand for homeless prevention services, especially in Georgia where unemployment rates are higher than the national average, and many agencies are completely depleting their financial aid funding and being forced to turn needy clients away. Very high foreclosure rates in the Atlanta area have increased pressure on the supply of rental units, as former homeowners become renters. These factors have contributed to a disturbing 30% increase in the number of homeless families.

Priority Homeless Needs

- 1. Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*
- 2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

The Tri-J continues to have roughly 2,000 persons unsheltered on census night, over four different point-in-time counts. Most of these unsheltered are single adult males. The greatest need is for permanent supportive housing for chronically homeless (CH) single adults. The estimated population of CH singles in the 2009 census, using the HUD definition of those unsheltered and in emergency shelter, was 1,649. If those in transitional housing who met the length/episodic and disability conditions were added, the CH count rises to 2,120. Nearly half of these were in shelters (950) or transitional housing (55), but 53% were unsheltered: on the streets, under bridges, in abandoned buildings. When the chronic homeless are factored in, what looks at first glance like a shortage of shelter and transition beds disappears – if the chronic homeless could actually be placed in suitable permanent supportive housing (PSH), enough shelter and transition beds would become available to house the remaining population of single homeless adults.

The Homeless Needs Table unfortunately treats all beds as equivalent, and deducts the apparent overage in singles shelter and transition beds from the critical shortage of PSH beds for single adults. For a severely mentally ill homeless person, a cot in a crowded and noisy overnight shelter, with no privacy, no place to store personal belongings, and no one to help encourage and monitor use of medications, is not equivalent to a safe, quiet PSH unit of his own, with 24-hour access and decent furnishings and supportive staff.

Additionally, the existing PSH bed supply is not noted by the City on the Homeless Needs Table; because these are permanent beds, they are occupied already by permanent residents, and not available to house those who are currently homeless. An additional 2,120 PSH beds are needed to house the current population of CH adults. Given the very high cost of operating these units and the difficulties in finding suitable locations and willing sponsor

agencies, it is unlikely that more than a fraction of these units will become available under this five-year plan.

For families, the situation is somewhat better. New family units of all types have been brought on in the past few years, due largely to investments in this housing by United Way and the Regional Commission on Homelessness and a substantial infusion of bond funds by the City of Atlanta. But there is still shortage of permanent supportive housing for single-parent families with children, in which the parent has a chronic mental illness or disability. It is estimated that a 100-bed supply of PSH is needed for these families. The Homeless Needs Table also treats all family beds as equivalent, so that with an apparent overage in family shelter and transition beds, the shortage of PSH beds families with a mentally ill parent is not captured in the Gaps cell.

Services in very short supply include addiction treatment, mental health treatment including crisis intervention, and physical health, especially for children. The Community Advanced Practice Nurses clinic for homeless children has seen demand increase more than threefold, as pediatric practices have left the City or declined to accept Medicaid patients. Respite care for homeless persons is inadequate. Employment programs struggle to find job openings for their clients as the unemployment rate increases and the competition for the limited number of jobs grows much more competitive.

Homeless Inventory (91.210 (c))

The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.

3-5 Year Strategic Plan Homeless Inventory response: See Table 1A

Homeless Strategic Plan (91.215 (c))

- 1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.*

The City works very closely with multiple cooperative efforts concerned with homelessness. The most significant and long-standing of these is the Metro Atlanta Tri-Jurisdictional Collaborative on Homelessness (the Tri-J), a joint effort of the City of Atlanta, Fulton County, and DeKalb County to improve the local response to homelessness. The Tri-J focuses on funding opportunities, policy development, performance improvements, and collaborative multi-jurisdictional solutions to emerging problems. A broad community group

including nonprofit service providers, churches, units of local governments, formally homeless persons, HMIS representatives works with the Tri-J governing group.

The City also helped to establish, in concert with United Way, the Regional Commission on Homelessness through which business, educational, foundation, and community leaders participate in implementing priority projects and initiatives identified in its March 2003 *The Blueprint to End Homelessness in Atlanta in Ten Years*. City representatives participate in the Satewide HMIS Collaborative made up of CoCs across Georgia and in the Emergency Food and Shelter Program (EFSP) allocations process, and representatives serve on advisory boards for local foundations active in funding homeless services.

Through all of these collaborative efforts, the City seeks to ensure that the resources available for homeless assistance and homeless prevention programs are allocated rationally, across the continuum of need, and to effective services. Different funding sources have different priorities. For example, the Supportive Housing Program does not fund emergency shelter, which the City supports through ESG and CDBG; EFSP does not fund supportive services such as legal services and case management, which the City funds, but EFSP does fund mass feeding, which few other funders cover. Because the City's funding cycle occurs later in the year than most other major funders in Atlanta, it is sometimes able to offset cuts from other funders which would disrupt the continuum of housing and services.

The new Homelessness Prevention and Rapid Re-Housing (HPRP) funding is a very important resource for assisting persons at risk of homelessness. Generally, given the concentration of metro-area homeless within the central city, assistance to those who are already homeless is the focus of City public-services funding. HPRP has allowed the City to replenish critically short supplies of emergency financial as well as provide re-housing options not previously available for very low-income households.

The City's priorities and specific objectives for addressing homelessness are stated below.

For homeless services and facilities, the City has developed the following objectives and sub-objectives:

1. Support emergency and transitional residential programs:
 - Work to preserve the continuing operation of well-run residential programs meeting existing needs.
 - Support the creation of additional, appropriate housing options for particularly under-served needs, including chronically homeless persons.
 - Encourage the provision of case management services, either on-site, through visitation, or by means of off-site collaborations, for residents of emergency shelter. Require case management services as a part of transitional and permanent
2. Support programs for homeless families and children.
3. Support supportive services that enable homeless to attain stability, with priority to:
 - case management services (especially for smaller shelter programs for which on-staff case management is not cost-effective, and for the unsheltered homeless)
 - employment-related services
 - family support services, including child care and domestic abuse services
 - on-the-street outreach and services to unsheltered homeless
 - emergency and short-term assistance, including transportation assistance, clothing, furnishings, and move-in assistance

- Support-service programs that provide specialized resources to other homeless providers and the broader homeless community
 - Provide support to the homeless management information system and the homeless census and survey project, working in conjunction with the Tri-Jurisdictional Collaborative on Homelessness. Encourage active participation in HMIS by City-funded homeless assistance programs.
4. Support capital projects that create or enhance treatment facilities, including supportive housing for mentally ill persons. Although the City acknowledges the critical need for mental health services, substance-abuse treatment, and physical health services for the homeless, these services will be a lower priority for City *operational* support due to the City's limited financial resources, and because these services are more appropriately provided through county/State units which have expertise and charter responsibility for these specialized services.
 5. Support specialized sheltering and service options for the difficult-to-serve chronic homeless population, which consists primarily of single men with significant incidences of substance abuse, criminal histories, and/or chronic mental illness.
 6. Give priority funding consideration to:
 - homeless programs which incorporate aftercare services, including long-term follow-up, support, and counseling as needed, to ensure that the families and individuals whom these programs have successfully transitioned are able to maintain independent living.
 - programs that demonstrate success in moving homeless persons and families to stability, self-sufficiency, and permanent housing.
2. *Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.*

As noted, the City is one of three governing members of the Tri-Jurisdictional Collaborative on Homelessness (Tri-J), the CoC for Atlanta, Fulton, and DeKalb, and a founding member of the Regional Commission on Homelessness, which has as its focus an end to chronic homelessness in metro Atlanta. The City participates in joint funding efforts with United Way to support new projects and housing for the long-term homeless, and has committed substantial local bond revenues to this end. The City is also a long-term sponsor, and funder, of the homeless census and survey project, which produces invaluable data, not available from any other source, on the extent and nature of chronic homelessness in Atlanta. A sound understanding of the needs that co-occur with chronic homelessness is essential to devising effective programs.

New data from the improved survey methodology for 2009, in combination with the worsening economic picture at the local and national levels, have resulted in a much more extensive chronic homeless problem than previously thought to exist. Using the HUD definition of chronic homeless, 1,649 persons are now considered to be chronically homeless in the Tri-J. Adding those in transitional programs who otherwise meet the conditions, a total of 2,120 persons are chronic.

The City has devoted over \$10 million in bond resources and grant funding to the development of new supportive housing for the long-term chronic homeless. Efforts to develop the costly, and hard-to-site, new permanent supportive housing, for the large population that is still homeless, will not be able to meet the need at any time in the foreseeable future. A substantial infusion of State funding, for both housing and services, would be required to make significant progress towards reducing the number of chronic homeless in Atlanta.

3. Homelessness Prevention—Describe the jurisdiction's strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.

As noted, the City has prioritized services and housing for those who are already homeless, due to the very high numbers of homeless within the core City, and has worked with other programs like EFSP to ensure that needed financial aid and services go to those most at risk. However, the City through CDBG and ESG does support two legal services programs that assist in eviction prevention, and funds three major financial aid programs that work with very low income households at risk. The HPRP fund has provided a significant new resource, enabling the City to expand its funding to new populations and geographic areas, particularly in the northwest sector.

4. Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.

The Tri-J structure includes:

- the Public Sector Work Group that executes the NOFA application process, provides technical assistance, monitors grantees, tracks HMIS participation, plans agendas and provides support to the Advisory Committee and Public Sector Executive Work Group;
- the Tri-J Public Sector Executive Work Group that manages the CoC, provides guidance to the Advisory Committee and Working Group, serves as the focal point for all homeless initiatives, selects the Review Committee, and makes final decisions on CoC priorities;
- the Tri-J Collaborative Advisory Committee recommends performance goals, recommends improvements to the CoC, assesses community needs, defines program models, and approves critical elements of the NOFA process;
- the Regional Commission on Homelessness Supportive Housing collaborative provides policy planning, fundraising, and a framework for implementation of the 10-year plan to end homelessness, and also facilitates monthly supportive housing meetings.
- the Statewide HMIS Collaborative, made up of representatives from each of the seven Continua of Care, DCA, and Pathways, oversees all implementation and enhancement requests within the Pathways HMIS.

5. Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include "policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons." The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.

(Note that three of the four areas discussed below, foster care, health care, and mental health, are State/county responsibilities. Information is here on services provided by those entities, not by the City of Atlanta.)

Foster care: If a youth in care reaches 18 and is unable to transition to independent living or be reunited with their family, they have the option of signing a "Consent to Remain in Foster Care" form, which allows the youth to stay in the foster care system until such time as he or she is able to live independently or until 24 years of age. In addition, youth in foster care are assigned an Independent Living Coordinator and work with staff to develop a Written Transitional Living Plan.

Health care: Grady Hospital, the only public hospital in the jurisdiction, treats the majority of adult homeless patients in the Tri-J. If a person is in need of housing, social workers will identify options to reconnect patient with family and/or find appropriate housing. Patients are referred to appropriate benefits and community resources e.g., drug treatment. Homeless patients receive free medicine, clothing referrals, medication assessment or crisis treatment assessment and equipment. Also, Grady does mental health and substance abuse assessment for the homeless if needed. The City of Atlanta's Gateway Center has set aside a recuperation unit to house homeless patients discharged by Grady Hospital.

Mental health: The "Continuity of Care Transition Planning Guidance" is provided to all state mental health hospitals. The hospitals are asked to develop a Transition Plan for all individuals being discharged which addresses the following areas: housing, residential supports, outpatient treatment, case management service, access to prescribed medications, socialization and recreation, family support and education, rehabilitation and transitional employment, follow-up medical care, and transportation. Hospitals provide Case Expeditors who work with consumers in need of additional resources. The hospital staff, in partnership with community-based service providers, identify services that will address these needs and determine how services will be made available. Also, the State is finalizing the Transition Planning Protocol for those individuals that are on the Mental Health Olmstead List. Any individual that has been hospitalized more than 60 days and is considered appropriate for discharge is placed on the Mental Health Planning List.

Corrections: The City of Atlanta's Department of Corrections' Mental Health Unit provides intake screenings, assessments, counseling, and competency-for-trial evaluations and referral resources. The City of Atlanta's Police Department has a Homeless Outreach Coordination Team, which includes special police officers working exclusively with the homeless.

Emergency Shelter Grants (ESG)

(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.

3-5 Year Strategic Plan ESG response: N/A

COMMUNITY DEVELOPMENT

Community Development (91.215 (e))

*Please also refer to the Community Development Table in the Needs.xls workbook

1. *Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.*

Atlanta's priority non-housing community development needs eligible for assistance by CDBG eligibility category (public facilities, public improvements, public services, and economic development) are conservatively shown on the table based mostly on 2009 funding requests and other known needs, but will be subject to annual amendments as quantities can be identified annually and confirmed. As the center of a large metropolitan area, the City has massive public infrastructure needs, many public services needs for the roughly two-thirds of the City of low/moderate incomes, and with rising unemployment of estimated 15%, enormous economic development needs. The extent to which CDBG dollars can impact the needs is minimal, unless funding is carefully targeted to the best community efforts that collaborate, partner, leverage, and stretch available CDBG dollars. The table counts units as projects, not dollars funded, or unit of service or improvement, and therefore can appear to be understated. Some examples are given about needs to explain what is not apparent from the Table.

a. Public facilities—every year proposals are received requesting improvements to a wide range of facilities (neighborhood facilities, cultural facilities, service centers, etc.) and based on a number of factors, CDBG may be able to fund only one or two per year.

b. Public improvements—there are several miles of sidewalks needed (new and/or repaired) estimated to cost in excess of \$80 million, but CDBG may only fund those of particular safety concerns, importance to communities undertaking multiple housing revitalization, or distressed neighborhood commercial areas. There are over two dozen playgrounds in low/moderate income areas and recreation centers for children determined to be hazardous or needing improvement almost every year, but due to limited CDBG resources, only two playgrounds a year and 1-10 parks/centers may be able to be addressed.

c. Public services—since housing and homeless related services are local priority for CDBG public services, and since health, welfare, and educational services are not normally carried out by the City, while no doubt there are many needs, the table reflects needs of those recent applicants and/or projects reflecting the City's area of priority. Every year requests for public services outstrip available resources, and only a fraction of the over 7,000 homeless people are able to be assisted with CDBG/ESG.

d. Economic development—the CDBG program has funded over the years a business loan fund for small, minority businesses targeted to low income neighborhood commercial areas, and has also supported other micro enterprise and other business support services. Other projects, just like public infrastructure, must have high community involvement and multiple positive outcomes if CDBG support is forthcoming. Applicants for business assistance exceed the few projects annually that CDBG is able to support.

2. *Describe the basis for assigning the priority given to each category of priority needs.*

The basis for assigning priority given to each category of priority needs are based on identified needs, the impact anticipated from available resources on these needs, and the availability of resources from the City or other funding sources. More specifics by category are in various sections of this Plan.

3. *Identify any obstacles to meeting underserved needs.*

Obstacles to meeting underserved needs include lack of adequate resources as revenues decrease, the economic impact from the recession including rising unemployment, lack of credit, and struggling businesses, the aging of public infrastructure, high number of foreclosures and vacant properties, and the lack of affordable housing.

4. *Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for low- and moderate-income persons.*

NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.

The City has identified specific long-term and short-term community development objectives. The City's Comprehensive Development Plan describes in detail the long and short-term non-housing community development needs, policies, objectives and strategies. The following objectives are relevant to CDBG funding:

Economic Development: The City has identified neighborhoods where economic development is lagging behind the rest of the City. The objective for CDBG funding is to help expand economic opportunities for persons of low and moderate income by:

- (i) Supporting revitalization of commercial areas that serve low/moderate-income persons.
- (ii) Supporting small, minority and female-owned businesses and micro-enterprises.
- (iii) Supporting programs to create permanent, private-sector jobs for low/moderate-income persons.

Environmental/Community Facilities: The City has significant needs in the areas of infrastructure improvements. Many of the City's neighborhood facilities have deteriorated conditions, and many neighborhoods do not have adequate public infrastructure to address the needs of their residents.

Priorities in this area include:

- (i) Create/expand community facility/infrastructure in underserved low/moderate-income areas
- (ii) Address serious problems/deficiencies in existing City infrastructure/facilities
- (iii) Reduce air/noise pollution or other environmental nuisances
- (iv) Address significant health or safety problems
- (v) Preserve publicly-used and historically-significant structures that serve low/moderate-income persons or remove slum/blight conditions

Public Services: The Consolidated Plan (CP) gives priority to programs that enable low/moderate-income persons to obtain/maintain affordable housing and in particular to services for the homeless. Consolidated Plan policies to address these issues include the following:

- (i) Support programs that enable low- and moderate-income people to obtain/retain affordable housing including housing related services.
- (ii) Support programs for the homeless that support basic life needs (housing, employment, and other services).

Antipoverty Strategy (91.215 (h))

1. *Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.*

The City has described its goals, programs, and policies for reducing the number of poverty level families. Atlanta's poverty problems are similar to those in other major urban areas. Areas of concern include large skills gap in the workforce, hunger and homelessness, affordable housing shortages, and concentrations of poverty. Rapid development outside of the central city has created a mismatch between where many potential workers live and where the jobs are located. In Atlanta, less than one-half of the region's entry-level jobs are located within a quarter mile of a public transit route. The types of jobs available and the trend toward dispersed development have led to consistently higher unemployment rates for Atlanta compared to its suburbs. Although poverty is found in each quadrant of the City, these problems are most prevalent in the inner city where the majority of Atlanta's low-income residents and neighborhoods are concentrated. The City has adopted goals, policies and programs to address those factors that have been identified as the root causes of the City's poverty problems.

a. Goals:

In order to address poverty in the City of Atlanta, the following goals have been developed and adopted in the City's Comprehensive Development Plan (CDP):

- (i) Preserve and increase decent, secure, affordable housing for all citizens.
- (ii) Increase accessibility to jobs, services and places of leisure.
- (iii) Increase the number of jobs for low-income City residents.
- (iv) Protect, maintain and enhance the quality of neighborhoods.
- (v) Promote greater economic and human development and investment throughout the City, especially on the southside and in poorer neighborhoods.

b. Policies/Objectives:

To achieve the above goals, the City has adopted the following policies in the Consolidated Plan:

- (i) Support programs and projects that provide decent housing and suitable living environments and expand economic opportunities, principally for persons of low and moderate income and including persons living with HIV/AIDS
- (ii) Support programs to improve the City's environmental/ community facilities, including infrastructure, that support neighborhood revitalization in low- and moderate-income neighborhoods

- (iii) Support and strengthen social services to assist vulnerable and needy citizens to become/remain self sufficient, productive and stable members of our community, with priority to programs providing services related to housing and homeless services
- (iv) Create and expand economic development opportunities for low/moderate income residents
- (v) Encourage the growth of minority and female businesses and micro-enterprises

c. Strategies/Funding:

The City's needs far surpass the availability of City resources. Therefore, the City must look to alternative funding sources, alternative programming, and coordination of resources. In addition, the City must:

- (i) Seek to coordinate with other public and private entities to share and maximize limited resources
- (ii) Support rehabilitation of existing affordable housing units
- (iii) Promote the development of new standard, affordable housing
- (iv) Give priority to programs that support/improve deteriorated City-owned/operated facilities/parks and infrastructure that serve low- and moderate-income neighborhoods
- (v) Promote employment and job training/placement efforts for low/moderate-income residents, with emphasis on special needs populations
- (vi) Give funding priority for local social service resources to programs that:
 - connect individuals to affordable housing, keep people in their homes, or prevent unnecessary institutionalization
 - provide support services to homeless and low-income families
 - have significant impact on meeting basic life needs
 - serve chronic and hard to reach homeless populations
 - provide emergency shelter to homeless
 - enable persons living with HIV/AIDS to find/maintain affordable housing and life-support services

2. *Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.*

The extent to which this anti-poverty strategy will reduce or assist in reducing the number of poverty level families is unfortunately suspected to be minimal because there are too many basic economic factors over which the City has no control. However, the Atlanta Housing Authority has shown that the average employment rate of their residents has increased from 21% in 1995 to 53% in 2007 after their concerted efforts to close distressed projects, offer more housing vouchers, provide services to find employment and require it, and build mixed income communities with better schools and amenities. By 2007, 19% of AHA's families were living outside the City where poverty rates were only 18% (and where there are more jobs) compared to public housing in the City at 56% poverty rates. Interfering with this gain in reducing poverty are the current challenges of the overall economic declines due to the recession.

Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))

1. (States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to low- and moderate-income families.

3-5 Year Strategic Plan LIHTC Coordination response: N/A

NON-HOMELESS SPECIAL NEEDS

Specific Special Needs Objectives (91.215)

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*

The priorities and specific objectives Atlanta hopes to achieve during the next five years for special needs includes not only for persons with HIV/AIDS but also the elderly, frail elderly, severe mental illness, developmentally disabled, physically disabled, and persons with addictions. The priorities and specific objectives are:

- a) Support programs to enable seniors and those at risk of homelessness or unnecessary/premature institutionalization to remain in their homes and remain a part of their communities.
- b) Support programs to enable persons with special needs to obtain/retain affordable housing and access needed services.
- c) Support programs to enable persons living with HIV/AIDS to find/maintain affordable housing and life-support services.
- d) Support programs to enable people living with HIV/AIDS with addictions or in recovery to become housed and become self-sustaining.
- e) Support removal of barriers to increase accessibility for persons with disabilities.

2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

Federal, state, and local public and private resources expected to be available will be used for a variety of housing and supportive services to meet needs of these special populations. The City's resources are not sufficient to address all of these groups because the City does not have responsibility for health, education, welfare, or housing services, but the City is committed to working with all other entities to try to provide needed resources. The City did float a \$22 million bond in conjunction with the Regional Commission on Homeless during the last five year plan to fund more permanent supportive housing as part of the plan to end chronic homelessness, all of which is still underway. CDBG public services are used to match other federal, state, county, and private funding for these special populations in particular for housing and housing related services, and other HUD funds are sometimes used to support capital improvements for facilities and housing serving these groups.

Non-homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)

*Please also refer to the Non-homeless Special Needs Table in the Needs.xls workbook.

- 1. Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, victims of domestic violence, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.
Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.

The City is estimating, to the extent practicable, the number of persons in various subpopulations. The following discussion sets forth supportive housing needs of some special needs groups within the metro Atlanta area. All of these needs are not within the purview of the City of Atlanta or considered priorities for Consolidated Plan funds, but are set forth as indicators of overall need for the metropolitan area.

Elderly and Frail Elderly:

Based on the 1990 Census, the Atlanta Regional Commission determined that the total population over 65 years of age in Fulton County was approximately 178,000. Of this number, 16,961 (9.5%) had mobility limitations, 8,135 (5%) had self-care limitations, and 15,233 (8.5%) had both mobility and self-care limitations. Within the City of Atlanta, the percentages were higher, with 4,484 (10.4%) experiencing mobility limitations, 2,618 (6%) experiencing self-care limitations, and 4,526 (10.5%) with both mobility and self-care limitations. (Atlanta Regional Commission) The Robert Wood Johnson Foundation reported in 1996 that older persons represented one fourth of the growing population of people with chronic conditions, which included such problems as depression, vision loss, hearing loss, paralysis, diabetes, obesity, and complications from AIDS. This report suggested the need for more diverse supportive services, from supportive services in special residences to traditional medical care, and more integrated coordinated care. (Robert Wood Johnson Foundation, 1996) A study conducted for the National Institute on Aging in 1997 found that while the number of older people chronically disabled was increasing, their proportion to the total 65+ population was decreasing, perhaps due to better health care and nutrition and medical advances. This study suggested that the need for independent living facilities for the elderly was increasing. The Atlanta Outreach Consortium found that 52% of elderly renters and 31% of elderly homeowners reported housing problems. (1999)

The Atlanta Regional Commission reports currently that there are 71,301 people over 55 in Atlanta that constitutes 17% of the population. There are about 646,000 in the Atlanta region and it is projected to double from 2000-2015. Of the older Atlantans, 4% report as in poor health, about 27% report as getting little or no physical exercise, and 13% need help with getting meals. As of 2007 there were 65,848 frail elderly in Fulton County, roughly half expected to be City residents.

The City has been unable to find numerical information about the number of seniors who are not homeless but who require supportive housing and is therefore estimated the housing needs on the required chart. Support services are provided to seniors residing in Atlanta Housing Authority high-rise communities, where seniors are given priority (4 to 1) over younger disabled tenants.

Physical, Mental and Developmental Disabilities:

Special housing needs are also experienced by persons with physical, mental and developmental disabilities. There is no definitive count of the number of persons with disabilities currently in Atlanta. This information is not collected by any of the programs serving this population, however, 27,174 individuals who were either blind or disabled and residing in either Fulton or DeKalb counties received SSI in 2004. This number accounted for 83% of all Fulton and DeKalb residents receiving SSI payments during this period. From new prevalence data from the State Department of Disabilities, there are 51,009 persons in Fulton County with severe mental illness and 242,104 with physical disabilities, and since 47% of the County population resides in the City, it is likely that just under half are City residents.

There is general recognition of the widespread need of the disabled population for affordable housing. According to the HOWPA needs assessment (see Other Narrative section), Out of Reach (Pelletiere, Wardrip, and Crowley, 2009), reported that a household in metro Atlanta must earn \$2,927 per month or \$35,120 per year to afford a two-bedroom unit at Fair Market Rent to stay within 30% of their income for rent and utilities. However, a single disabled person receiving Supplemental Security Income (SSI) receives about \$674 per month, or \$8,088 per year, and could only afford \$202 a month for rent to stay within the 30% income for housing standard. The affordability gap would be \$587 monthly.

According to the "Priced Out in 2002" study, persons with disabilities were the poorest people in the nation, with an income of only 18.8% of the one-person median household income. From 2000 to 2002, rental-housing costs nationwide rose at twice the rate of SSI cost of living adjustments (up to 6 times in some markets). Approximately 1.4 million people with disabilities receiving SSI live in seriously substandard housing and/or in housing that costs more than half of their income. Given the high housing costs in the Atlanta area, it is reasonable to assume that the number of people receiving SSI and living in substandard housing is at least at the national average.

The Atlanta Housing Authority currently (2009) has a waiting list of 18,462 persons and of those, 2.2% or about 406, are with disabilities needing accessible units. The number of the elderly and those not needing accessible units are not known. The need for additional units for young disabled persons is increasing. The DeKalb Disability Action Center states that a large majority of their calls for assistance request either housing or transportation. The Center has found that many housing units designed to be accessible for the handicapped are being occupied by people who do not require accessible units, thereby greatly diminishing the units available to those who require special modifications. (DeKalb Disability Action Center, 1999) It is believed that this finding is probably accurate for the Atlanta metropolitan area.

Persons Living with HIV/AIDS:

See HOWPA section below for specific information on this population and the HOWPA needs assessment in the Other narrative section at the end of the Plan.

Persons with Addictions:

The supply of housing for persons with addictions or in recovery from alcohol or other drug abuse is extremely limited. There is a need for transitional and affordable permanent housing for persons in recovery. The Charter of the State of Georgia assigns responsibility for health-related programs to the counties. In the Atlanta area, services for alcohol and other drug addictions are, therefore, primarily the responsibility of Fulton and DeKalb County. The City of Atlanta does not have purview in this area and does not, therefore,

have data regarding needs of this population. The Fulton County Department of Human Resources (DHR) estimated that there were 75,985 adults (12.28% of the 2002 Census adult population) and 3,249 adolescents (4.93% of 2002 adolescent population) needing substance abuse treatment in 2002. DHR identifies the most serious gap in substance-abuse treatment as adult detox beds, followed by safe housing. Most State money goes to treatment, as opposed to provision of housing. An additional identified gap is in service for the 12-17 year old population, a group which often lacks the stable home environment needed to facilitate intensive outpatient treatment and, as a result places a burden on residential treatment services.

Victims of Domestic Violence

Five percent of single homeless people and 23% of homeless families reported being homeless due to domestic violence during the 2009 Homeless Census survey. Not only a leading cause of homelessness, domestic violence is also a leading cause of injury to women ages 15 to 44. Georgia consistently ranks in the top ten states for female homicides by a male. The City's only state-certified shelter treating domestic violence (which receives CDBG public services and ESG funding) provides emergency shelter and supportive services to about 300 annually, but receives between 10,000 to 20,000 crisis calls a year, and serves about 3,000 in the community. In 2008 the shelter turned away 1,000. Although CDBG is contributing to the expansion of the shelter from 41 to 60 beds, even more shelter, transitional, and permanent supportive housing is needed for these victims. Victims, as well as homeless families, present with more serious problems that require more support services over longer terms to attain housing stability. Specific numbers of units needed are unknown.

- 2. Identify the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.*

The City identified the priority housing and supportive housing needs of persons who are not homeless but may or may not require supportive housing in the Non-Homeless Special Needs Table. The City conducted a thorough needs analysis for HOWPA and the Housing Authority has done so for public housing (see HOWPA and AHA plans at the end of this Plan). However, the services and housing needs of the other special needs categories are not within the purview of the City and specific data is not known or readily available. Information that is known has been provided in the narrative.

- 3. Describe the basis for assigning the priority given to each category of priority needs.*

The basis for assigning the priority given to each category of priority need is based on identified needs, the impact anticipated from available resources on these needs, and the availability of resources from the City or other funding sources.

- 4. Identify any obstacles to meeting underserved needs.*

Obstacles to meeting underserved needs include those already mentioned in previously sections and those unique to special populations. Obstacles include the lack of adequate resources for financing facilities and for providing ongoing services, the reluctance of neighborhoods to house special needs facilities, the need to find compatible housing providers and social service agencies, the severity of some special needs problems such as

chronic addictions and severe mental health that have been chronically under funded by the State and counties, and the lack of accurate data to use and plan for facilities and services.

- 5. To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.*

To the extent information is available, Atlanta can describe facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing. Specifically for HOWPA, the sponsor agency The Living Room is a central information and referral housing center located in the Grady Health Care system Infectious Disease Clinic. HOWPA eligible clients leaving Grady, and other health care facilities, may receive housing assistance from The Living Room and referrals to all supportive housing facilities serving HOWPA clients in the region as well as housing case management services. For more specific information on HOWPA facilities and services, see the HOWPA plan. The State of Georgia has responsibility for other persons leaving health and mental health facilities in need of services and facilities, and the City does not have any purview or data that is available other than permanent supportive housing facilities listed in the Homeless Inventory section of the Plan.

- 6. If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.*

Atlanta plans to use HOME and HOPWA for tenant based rental assistance to assist one or more of these special need populations. As explained in the HOWPA plan, the average HIV/AIDS person receiving SSI as income has a housing affordability gap that justifies the use of rental assistance (see HOWPA plan for more details). HOME funds will be used for the continuation of tenant based rental assistance for homeless families, some of whom maybe considered as special needs. See the housing needs section that documents the housing cost burden problems for the very low and low income residents in Atlanta and the justification for providing rental assistance.

Housing Opportunities for People with AIDS (HOPWA)

*Please also refer to the HOPWA Table in the Needs.xls workbook.

- 1. The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.*

The City's HOWPA needs assessment and plan describes: 1) activities to be undertaken to address priority unmet housing needs, 2) assistance to persons who are not homeless but require supportive housing, 3) efforts to prevent homelessness and help for homeless persons making the transition to permanent housing and independent living, 4) obstacles to

meeting underserved needs, 5) priorities and specific objectives and 6) how funds will be made available to meet needs. The HOWPA plan is at the end of this plan. A brief summary is provided here.

1) HOWPA over the next five years will focus on ensuring a continuum of housing and services for PLWHA. This includes emergency housing, transitional housing, permanent housing, assistance with rent, mortgage and utilities, and first month's rent or utility deposits, and various services including case management, legal services, and others. As of the end of 2008, there were a total of 24,679 persons living with HIV or AIDS in the Atlanta EMSA, about 24% white and 76% minority, and 77% male. Estimates of those with housing needs begin at 14,416 in 2010 and increase to 16,086 in 2014. Generally persons living with HIV/AIDS are low income (72%) and cannot afford or access adequate housing (78%).

The direction of the HOPWA program over the next five years will focus on ensuring a continuum of housing and services for PLWHA. The continuum of housing will consider the various housing situations faced by households. (See Figure 6-1.)

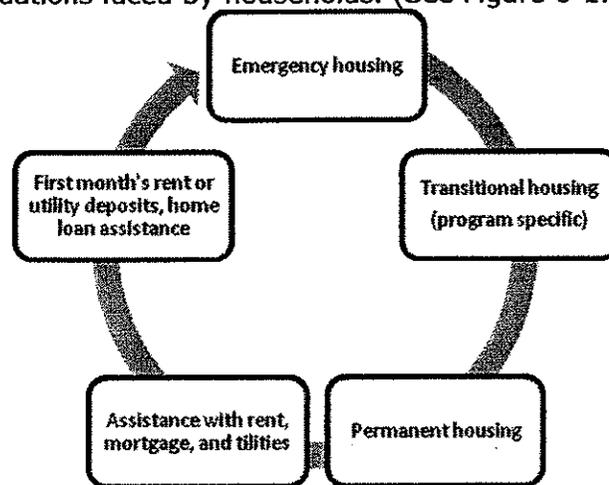


Figure 6-1. HOPWA Continuum of Housing

Strengthening the existing continuum of housing will:

- Promote affordable, accessible, available, and adequate housing for low-income PLWHA;
- Increase housing options throughout the Atlanta EMSA by targeting HOPWA resources and connection to non-HOPWA housing resources
- Promote increased housing stability and maximum independence among low-income PLWHA;
- Ensure adequate supportive services that promote housing stability and ongoing access to care and support;
- Leverage HOPWA resources to connect to existing systems of healthcare, supportive services, and affordable housing—HOPWA becomes the bridge to these other systems of care and maximizes HOPWA resources (See Figure 6-2.);
- Build collaboration and planning among the City of Atlanta and HOPWA project sponsors; and

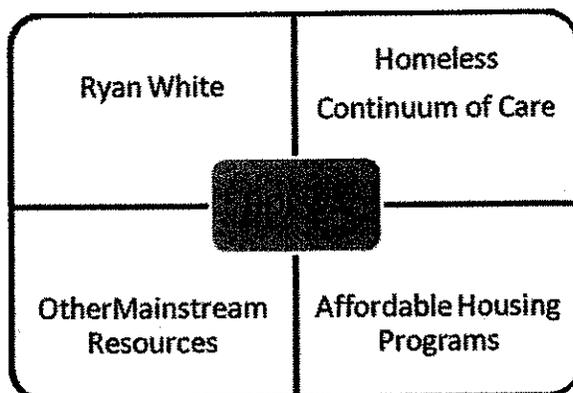


Figure 6-2. HOPWA's Connection to Other Systems of Care

- Build the capacity of project sponsors to undertake housing efforts

2) Permanent supportive housing in facilities and scattered site will be provided.

3) STRMU will be provided to prevent housing crises and prevent homelessness.

4) Obstacles to meeting needs include the lack of affordable units, the lack of accessibility to units, the lack of housing ready for occupancy, the lack of safe and decent housing including physical condition and location of the units, and the large size of the EMSA including rural areas to be served.

5) All kinds of housing are priority for funding with permanent supportive housing being the highest priority (see HOWPA Plan for results from community planning/priorities sessions). All kinds of services are needed with the highest priorities for mental health services, housing case management and placement, and substance abuse services.

6) Funds will be available to meet needs for the main priority of housing units, all across the continuum of housing types, and secondly, for needed supportive services.

2. *The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.*

The HOWPA Plan establishes annual HOWPA output goals for the planned number of households to be assisted during the year in 1) short term rent, mortgage, and utilities; 2) rental assistance; and 3) facilities. From the Plan, Table 6-4 outlines the needs, current inventory, and gap in services for TBRA, STRMU, and facility-based housing. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for each category of housing as well as the projected annual HOPWA budget.

Table 6-4. HOPWA Housing Needs and Output Goals, Years 1-5

		TBRA	STRMU	Facilities	Total
Needs		2,044	4,160	5,534	11,738
Current		269	743	543	1,555
Gap		1,775	3,417	4,991	10,183
Outputs and Funding		TBRA	STRMU	Facilities	Total
Year 1	Goal: HOPWA Assistance	276	825	555	1,656
	Goal: Non-HOPWA Assistance	35		44	79
	HOPWA Budget	\$650,315	\$346,461	\$2,903,932	\$3,900,707
Year 2	Goal: HOPWA Assistance	319	915	613	1,848
	Goal: Non-HOPWA Assistance	40		49	89
	HOPWA Budget	\$751,764	\$384,572	\$3,205,941	\$4,342,276
Year 3	Goal: HOPWA Assistance	369	1,016	677	2,062
	Goal: Non-HOPWA Assistance	46		54	100
	HOPWA Budget	\$869,039	\$426,874	\$3,539,359	\$4,835,272
Year 4	Goal: HOPWA Assistance	427	1,128	747	2,302
	Goal: Non-HOPWA Assistance	54		59	113
	HOPWA Budget	\$1,004,609	\$473,831	\$3,907,452	\$5,385,891
Year 5	Goal: HOPWA Assistance	493	1,252	825	2,570
	Goal: Non-HOPWA Assistance	62		66	128
	HOPWA Budget	\$1,161,328	\$525,952	\$4,313,827	\$6,001,107

The Plan also establishes goals for supportive services including housing placement and information, and also system of care for collaboration and communication, data collection, and agency capacity. For more details see the HOWPA Plan.

3. *For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).*

There are no facilities being developed, or planned to be developed, at this time.

4. *The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale*

for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.

The Plan includes an explanation of how the funds will be allocated including a description of the Atlanta EMSA and where persons living with HIV/AIDS are located in the EMSA. Each project sponsor is described in the Plan with the counties for primary areas of planned activities (28 counties are eligible and most projects service the entire EMSA—zip codes are too numerous to list), and the amounts committed to each sponsor. There are only two HOWPA faith based organizations—Antioch Urban Ministries (Matthew's Place) and St. Joseph Mercy Care Services (The Edgewood Supportive Services) and there are no "grassroots" projects.

5. *The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.*

The Plan describes the role of Atlanta in the EMSA involving a) consultation undertaken to develop a metropolitan-wide strategy, and b) standards and procedures used to monitor HOWPA to ensure compliance. The City worked with a HUD technical assistance provider, Collaborative Solutions, Inc. to assist the City in conducting a metro-wide needs assessment process. Providers and stakeholders participated in planning sessions, surveys, and interviews. The convening of providers served as first steps in establishing a more regular and long-term HOWPA coordinating and planning body (beyond the current HOWPA Committee of the Ryan White Metro Health Services Planning Council) which will incorporate the assessment of need in the capacity of provider agencies to increase housing and related services, to establish funding proposal processes that clearly respond to needs, identify community-wide priorities, create standards for proposals and projects, document and include an established process in the Consolidated Plan, and clarify the role of City staff in facilitating coordination among providers.

City staff develop all monitoring and management instruments for the program—reporting forms, monitoring checklists, contract budgets and work programs, etc., and regularly monitor all project sites at least once yearly. Financial monitoring is conducted in addition to programmatic monitoring on an annual basis.

6. The Plan includes the certifications relevant to the HOPWA Program.

The certifications for the Plan are included.

Specific HOPWA Objectives

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

To achieve its vision, the City of Atlanta has developed the following strategic goals and objectives.

Housing

The City of Atlanta will continue to provide housing for PLWHA along the continuum from emergency/short-term housing through permanent options as well as rental and utility assistance. The City will focus on ensuring that housing is affordable, accessible, available, and adequate. Specifically, the City of Atlanta will work to meet the following goals by 2015:

Subject to the availability of HOPWA resources, The City of Atlanta will:

1. Endeavor to increase the households served with HOPWA-funded TBRA at one point in time from 269 to 493 by 2015. In addition, the City of Atlanta will endeavor to increase the capacity of non-HOPWA resources to provide assistance to 62 households by 2015.
2. Endeavor to increase the households served with HOPWA-funded STRMU at one point in time from 743 to 1,252 by 2015.
3. Endeavor to increase the households served with HOPWA-funded facilities at one point in time from 543 to 825 by 2015 and increase the capacity of non-HOPWA resources to provide facility-based housing to PLWHA to 66 households by 2015.

Table 6-4 outlines the needs, current inventory, and gap in services for TBRA, STRMU, and facility-based housing. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for each category of housing as well as the projected annual HOPWA budget.

Table 6-4. HOPWA Housing Needs and Output Goals, Years 1-5

		TBRA	STRMU	Facilities	Total
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	HOPWA Budget	\$751,764	\$384,572	\$3,205,941	\$4,342,276
Year 3	Goal: HOPWA Assistance	369	1,016	677	2,062
	Goal: Non-HOPWA Assistance	46		54	100
	HOPWA Budget	\$869,039	\$426,874	\$3,539,359	\$4,835,272
Year 4	Goal: HOPWA Assistance	427	1,128	747	2,302
	Goal: Non-HOPWA Assistance	54		59	113
	HOPWA Budget	\$1,004,609	\$473,831	\$3,907,452	\$5,385,891
Year 5	Goal: HOPWA Assistance	493	1,252	825	2,570
	Goal: Non-HOPWA Assistance	62		66	128
	HOPWA Budget	\$1,161,328	\$525,952	\$4,313,827	\$6,001,107

Housing Placement and Information

The City of Atlanta will continue to provide housing information and housing placement services for PLWHA and their families. These services are important in preventing homelessness, supporting access to permanent housing, and assisting households in maintaining their housing. Specifically, the City of Atlanta will work to meet the following goals by 2015:

1. Increase the number of households receiving housing information each year from 1,000 to 1,611 by 2015.
2. Increase the number of households receiving permanent housing placement each year from 250 to 403 by 2015.

Table 6-5 outlines the needs, current inventory, and gap in services for housing information and housing placement. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for each type of service as well as the projected annual HOPWA budget.

Table 6-5. HOPWA Housing Placement and Information Needs and Output Goals, Years 1-5

		Housing Information	Housing Placement	Total
Needs		11,738	3,961	15,699
Current		1,000	250	1,250
Gap		10,738	3,711	14,449
Outputs and Funding		Housing Information	Housing Placement	Total
Year 1	Goal: HOPWA Assistance	1,100	275	1,375
	Goal: Non-HOPWA Assistance			0
	HOPWA Budget	\$457,314	\$118,151	\$575,465
Year 2	Goal: HOPWA Assistance	1,210	303	1,513
	Goal: Non-HOPWA Assistance			0
	HOPWA Budget	\$503,045	\$129,966	\$633,011
Year 3	Goal: HOPWA Assistance	1,331	3,333	4,664
	Goal: Non-HOPWA Assistance			0
	HOPWA Budget	\$553,350	\$142,963	\$696,313
Year 4	Goal: HOPWA Assistance	1,464	366	1,830
	Goal: Non-HOPWA Assistance			
	HOPWA Budget	\$608,685	\$157,259	\$765,944
Year 5	Goal: HOPWA Assistance	1,611	403	\$2,014
	Goal: Non-HOPWA Assistance			
	HOPWA Budget	\$669,553	\$172,985	\$842,538

Supportive Services

The City of Atlanta will continue to provide a variety of supportive services necessary to assist PLWHA and their families in preventing homelessness, accessing permanent housing, and maintaining housing. As described in this report, these services are varied and meet a variety of needs.

By 2015, the City of Atlanta will work to provide supportive services to 5,935 households.

Table 6-6 outlines the needs, current inventory, and gap in supportive services. In addition, it provides five-year goals for HOPWA and non-HOPWA assistance for supportive services as well as the projected annual HOPWA budget.

Table 6-6. HOPWA Supportive Services Needs and Output Goals, Years 1-5

Needs		13,860
Current		3,421
Gap		10,439
Outputs and Funding		Supportive Services
Year 1	Goal: HOPWA Assistance	3,817
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$3,303,891
Year 2	Goal: HOPWA Assistance	4,261
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$3,687,707
Year 3	Goal: HOPWA Assistance	4,757
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$4,117,280
Year 4	Goal: HOPWA Assistance	5,313
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$4,598,231
Year 5	Goal: HOPWA Assistance	5,935
	Goal: Non-HOPWA Assistance	
	HOPWA Budget	\$5,136,896

System of Care

Previous planning efforts clearly identified four elements of the system of care that require ongoing attention:

- *Collaboration and Communication* – The City of Atlanta will establish a housing coalition that will meet regularly. Although the City has limited resources, it is committed to supporting the coordination of such a coalition to address issues related to HOPWA. The group of providers suggested creating a planning committee to identify current issues and think long-term about coalition leadership, committee structure, meaningful and interesting meeting agendas, training opportunities, communication, and other coalition components. Different needs exist for different agency staff. This should be considered when planning meetings. Participants do not want a complicated planning structure but do want consideration given to the needs of front-line staff and agency management.
- *Data Collection* – Agencies use different management information systems and have invested time and energy to make these systems meet their agency needs. However, the need exists for the provider community to collect individual client data to inform housing and services planning. The coalition will identify and agree upon standard data elements to collect going forward.
- *Agency Capacity* – The coalition will also explore resources that can be utilized to help increase agency capacity throughout the system. Suggestions to consider include training, technical assistance, agency assessment, and long-range agency planning.
- *Standards of Care* – The City and HOPWA providers would both like the system of care to uphold a high standard of care. They are interested in researching current standards of care used in other communities and updating standards for the Atlanta community.

Although participants believed that each of these elements should be addressed over time, they prioritized collaboration at the highest level; it received a rank of 2.9 on a 3.0-scale in which 1 indicates low priority and 3 indicates high priority collaboration with other systems of care and mainstream resources is particularly important.

OTHER NARRATIVE

Include any Strategic Plan information that was not covered by a narrative in any other section.

Tables

2009 Inventory of Tri-J Residential Programs

SHELTERS: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
Another Chance	Lillians Place	130174	C	SF		0	0	8	8
Atlanta Baptist Rescue Mission	Transient Client Program	130174	C	SM		0	0	80	80
Central Presbyterian Church	Central Night Shelter (at 2 sites)	130174	C	SM		0	0	0	0
City of Refuge	Women's Shelter	130174	C	SF		0	0	50	50
City of Refuge	Women and Children's Shelter	130174	N	HC		132	33	0	132
Clifton Sanctuary Ministries	Clifton Night Shelter	130174	C	SM		0	0	30	30
Community Concerns	Fairburn Road Shelter	130174	C	SFHC		50	14	30	80
Congregation Shearith Israel	Shearith Israel Shelter	130174	C	SF		0	0	0	0
Covenant House of Georgia	Covenant House	130174	C	YMF		0	0	20	20
Decatur Cooperative Ministries	Hagar House	130174	C	HC		30	5	0	30
Druid Hills Presbyterian Church	Druid Hills Night Shelter	130174	C	SM		0	0	0	0
First Presbyterian Church	First Presbyterian Church Shelter	130174	C	SF		0	0	12	12
Fulton County	Jefferson Place	130174	C	SM		0	0	150	150
Gilgal	Homeward Bound	130174	C	SF		0	0	10	10
International Womens House	International Womens House	139089	C	SFHC	DV	20	7	2	22
Mary Hall Freedom House	Trinity Hall	130174	C	SFHC		10	3	14	24

Table 1A

Table 1A

SHELTERS: Organization Name	Program Name	Geo Code	Inventory type	A		B		Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
				SM	SFH	DV					
Metro Atl. Task Force for the Homeless	Peachtree Pine Shelter	130174	C	SM				0	0	377	377
Partnership Against Domestic Violence	Partnership Against Domestic Violence	130174	C	SFH	DV			34	11	7	41
Progressive Redevelopment	Hope House Pre-Treatment Program	130174	C	SM				0	0	12	12
Set Free	Sanctuary Family Shelter	130174	C	HC				22	5	0	22
St. Judes Recovery Center	Detox	130174	C	SMF				0	0	20	20
The Atlanta Union Mission	My Sisters House Shelter	130174	C	SFH				68	18	68	136
The Atlanta Union Mission	Shepherd's Inn Winter Shelter	130174	C	SM				0	0	0	0
The Atlanta Union Mission	Shepherd's Inn Cold Weather Overflow	130174	C	SM				0	0	0	0
The Atlanta Union Mission	Shepherd's Inn Shelter	130174	C	SM				0	0	316	316
The Drake House	The Drake House	139121	C	HC				54	16	0	54
The Salvation Army	Emergency Shelter	130174	C	SMF				0	0	30	30
The Salvation Army	Winter Shelter	130174	C	SMF				0	0	0	0
The Temple Hebrew Benevolent Congregation	Zaban Night Shelter	130174	C	CO				0	0	0	0
Travelers Aid of Metro Atlanta	HOPWA Vouchers	130174	C	HC	HIV			0	0	0	0
Travelers Aid of Metro Atlanta	Resettlement/Hotel Vouchers	130174	C	SMF+HC				0	0	0	0

Table 1A

SHELTERS:											
Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds		
United Methodist Childrens Home	Temporary Housing	139089	C	HC		42	7	0	42		
24/7 Gateway	Gateway: Employment Program	130174	C	SM		0	0	45	45		
24/7 Gateway	Gateway: Pre-Treatment Program	130174	C	SM		0	0	44	44		
24/7 Gateway	Gateway: Re-Entry Program	130174	C	SM		0	0	22	22		
24/7 Gateway	Gateway: New Beginning	130174	C	SM		0	0	45	45		
24/7 Gateway	Gateway: Stabilization for Women & Children	130174	C	SFHC		15	7	15	30		
24/7 Gateway	Gateway: Stabilization for Women & Children	130174	N	SFHC		10	5	3	13		
24/7 Gateway	Gateway: Stabilization Program for Men	130174	C	SM		0	0	22	22		
24/7 Gateway	Gateway: Health Recovery for Men	130174	C	SM		0	0	23	23		
City of Refuge	Women's Shelter	130174	U	SF		0	0	50	50		

Table 1A

TRANSITIONAL HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
Abundant Life Ministries	Abundant Life Ministries	139089	C	SM		0	0	14	14
Achor	Achor	130174	C	SFHC		62	15	8	70
Action Ministries	Transition Housing in Atlanta	130174	C	HC		5	2	0	5
Action Ministries	Transition Housing in DeKalb	139089	C	HC		16	3	0	16
Addiction Recovery Ministries	Harvard House	139121	C	SMF		0	0	20	20
Affercare Residential Rehab	Saint Therese House	130174	C	SM		0	0	12	12
Affercare Residential Rehab	Spaulding House	139121	C	SM		0	0	6	6
Agape House Ministry	Agape House	130174	C	SM		0	0	22	22
Alternate Life Paths	Our Journey Our Chance	130174	C	YF		0	0	10	10
Alternate Life Paths	Independent Living Skills Apartment Program	130174	C	SFHC		17	6	2	19
Another Chance of Atlanta	Lillian's Place	130174	C	SF		0	0	20	20
Another Chance of Atlanta	Transition Housing	130174	C	SF		0	0	28	28
Antioch Urban Ministries	Job's House	130174	C	SM		0	0	5	5
Antioch Urban Ministries	Luke's Place	130174	C	SM		0	0	26	26
Antioch Urban Ministries	Lydia's House	130174	C	SF		0	0	7	7
Antioch Urban Ministries	Matthew's Place	130174	C	SM	HIV	0	0	18	18

Table 1A

TRANSITIONAL HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A		B		Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
				A	SF	B					
Antioch Urban Ministries	Ruths Place	130174	C	SF				0	0	9	9
Atlanta City Baptist Rescue Mission	Work-in-Dorm	130174	C	SM				0	0	38	38
Atlanta City Baptist Rescue Mission	Discipleship Program	130174	C	SM				0	0	20	20
Atlanta Step-Up Society	Serenity House Atlanta	130174	C	SM				0	0	5	5
Bethel Christian Homes	Bethel Christian Homes	139121	C	SM				0	0	10	10
Breakthru House	Breakthru House	139089	C	SF				0	0	21	21
Buckhead Christian Ministry	BCM Transition Housing	130174	C	HC				25	11	0	25
Chris Kids	Rainbow House	139089	C	YMF				0	0	6	6
Clifton Sanctuary Ministries	Joos Place	130174	C	SM				0	0	9	9
Community Concerns	Odyssey HRP Program	130174	C	SM				0	0	10	10
Community Concerns	Odyssey III Transitional	130174	C	SM				0	0	10	10
Covenant Community	Covenant Community	130174	C	SM				0	0	14	14
Covenant Community	Sterrie House	130174	C	SM				0	0	12	12
Decatur Cooperative Ministries	Transitional Housing	139089	C	HC				36	7	0	36
Essence of Hope	Women's Program	130174	C	SF				0	0	12	12
Essence of Hope	Women's Program Expansion	130174	C	SF				0	0	9	9

Table 1A

TRANSITIONAL HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
Ezekiel's Valley Recovery and Regeneration Ministry	Transition Housing	130174	C	SM		0	0	20	20
Families First	Shelter A Family at Pavillion Place	130174	C	HC		72	24	0	72
Families First	Weaver Gardens	139121	C	HC		28	14	0	28
Fulton County	Jefferson Place Transitional Housing	130174	C	SM		0	0	50	50
Genesis Shelter	A New Life	130174	C	HC		40	12	0	40
Genesis Shelter	Genesis Shelter	130174	C	HC		76	18	0	76
Galgal	The Life Exchange Center	130174	C	SF		0	0	11	11
H.O.P.E. Through Divine Intervention	Project Link	130174	C	SM		0	0	9	9
H.O.P.E. Through Divine Intervention	Open Arms	130174	C	SMF	HIV	0	0	36	36
H.O.P.E. Through Divine Intervention	Villas of Hope II	130174	C	SMF+HC		10	3	26	36
Housing Initiatives of North Fulton	Honestretch	139121	C	HC		132	27	0	132
Initiative for Affordable Housing	Initiative for Affordable Housing in Atlanta	130174	C	HC		11	3	0	11
Initiative for Affordable Housing	Initiative for Affordable Housing in Dekalb	139089	C	HC		80	18	0	80
Interfaith Outreach Home	Interfaith Outreach Home	139089	C	HC		54	11	0	54

Table 1A

TRANSITIONAL HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
Jesus Set the Captives Free	Jesus Set the Captives Free	130174	C	SM		0	0	12	12
Mary Hall Freedom House	Reaching New Heights	139121	C	SFHC		35	10	12	47
Metro Atlanta Taskforce for the Homeless	Peachtree Pine Transitional Housing	130174	C	SM		0	0	28	28
Nicholas House	Boulevard House	130174	C	HC		50	13	0	50
Nicholas House	Nicholas House	139089	C	HC		45	12	0	45
Oakhurst Recovery Program	Oakhurst Recovery Program	139089	C	SM		0	0	10	10
Oakhurst Recovery Program	Oakhurst Recovery Program	139089	C	SM		0	0	92	92
Positive Outlook Foundation	Star Transitional Housing in Atlanta	130174	C	SF+HC		0	0	58	58
Progressive Redevelopment	Hope House	130174	C	SM		0	0	6	6
Quest 35	881 Rock Street	130174	C	SF+HC		20	5	6	26
Quest 35	Leonard House Mens Program	130174	C	SM		0	0	6	6
Quest 35	The Leonard House Womens Program	130174	C	SF		0	0	6	6
Recovery Consultants of Atlanta	Transitional Housing	130174	N	SM		0	0	60	60
Redeem Outreach Community Ministry	Redeem Transition Housing	130174	N	SF		0	0	4	4
Safe Haven Transitional	Safe Haven Transitional	139089	C	SF+HC		30	5	4	34
Set Free	Mens Transition Housing	130174	C	SM		0	0	30	30

Table 1A

TRANSITIONAL HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A		B		Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
				SFHC	SM	SFHC	SM				
St. Judes Recovery Center	Family Care Facility	130174	C	SFHC	SM			22	8	5	27
St. Judes Recovery Center	Womens Program at 500 Piedmont	130174	C	SF	SM			0	0	16	16
St. Judes Recovery Center	95 Renaissance Pkwy	130174	C	SM	SM			0	0	48	48
Stand	Stand in Atlanta	130174	C	SM	SM			0	0	5	5
Stand	Stand in DeKalb	139089	C	SM	SM			0	0	24	24
The Atlanta Union Mission	Village Atlanta	130174	C	SFHC	SM			52	18	8	60
The Atlanta Union Mission	Carpenter's House	130174	C	SM	SM			0	0	162	162
The Atlanta Union Mission	Fuqua Hall	130174	C	SM	SM			0	0	88	88
The Atlanta Union Mission	My Sisters House Personal Development Program	130174	C	SFHC	SM			68	22	60	128
The Potter's House	Potter's House SA Housing	130989	C	SM	SM			0	0	14	14
The Salvation Army Metro-Atlanta	Special Needs HIV/AIDS	130174	C	SM	SM	HIV		0	0	8	8
The Salvation Army Metro-Atlanta	Harbor Light Recovery	130174	C	SMF	SMF			0	0	22	22
The Salvation Army Metro-Atlanta	Transitional Housing	130174	C	SMF+HC	SMF			32	8	94	126
The Salvation Army Metro-Atlanta	Transitional Family Housing	130174	U	HC	HC			84	21	0	84

Table 1A

TRANSITIONAL HOUSING:		Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
Organization Name	The Salvation Army Metro-Atlanta	Veterans Housing	130174	C	SM		0	0	64	64
Transition House	Mens Transition House in Atlanta	130174	C	SM		0	0	6	6	
Transition House	Womens Transition House in Atlanta	130174	N	SF		0	0	28	28	
Transition House	Vets Transitional in DeKalb	130989	C	SMF	VET	0	0	43	43	
Transition House	Mens Transition in DeKalb (non-vets)	130989	C	SM		0	0	14	14	
Transition House	Womens Transition in DeKalb (non-vets)	130989	C	SF		0	0	3	3	
Traveler's Aid of Metro Atlanta	HOPWA Transitional in DeKalb	130989	C	HC	HIV	19	5	0	19	
Traveler's Aid of Metro Atlanta	Transitional Housing in Atlanta	130174	C	HC		24	6	0	24	
Traveler's Aid of Metro Atlanta	Transitional Housing in DeKalb	130989	C	HC		16	4	0	16	
Traveler's Aid of Metro Atlanta	HOPWA Transitional in Atlanta	130174	C	HC	HIV	8	2	0	8	
Trinity Community Ministries	Trinity House Big Bethel	130174	C	SM		0	0	36	36	
Trinity Community Ministries	Trinity Lodge	130174	C	SM		0	0	4	4	
United Way/Gateway	Gateway: Training Support	130174	C	SM		0	0	23	23	
United Way/Gateway	Gateway: Veterans Transitional Housing	130174	C	SM	VET	0	0	46	46	

Table 1A

TRANSITIONAL HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Total Year-Round Beds
Victory Outreach	Mens Program	130174	C	SM		0	0	60	60
Victory Outreach	Women's Program	130174	C	SF		0	0	20	20
Womens Resource Center	Safeshouse	139089	C	SFHHC	DV	31	6	4	35
Young Adult Guidance Center	Young Adult Guidance Center	130174	C	YM		0	0	21	21
Young Womens Christian Association	Cascade House	130174	C	HC		25	5	0	25
Zion Hill CDC	Transition Housing	139121	C	HC		12	4	0	12
Achor Center	Community Reintegration	130174	N	SMHC		76	19	0	76
Quest 35	Quest Transitional	130174	N	SMP		0	0	16	16
Community Concerns	Odyssey at the Kensington	130989	C	SMP+HC		50	10	10	60

Table 1A

PERMANENT SUPPORTIVE HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A		B		Beds for Households with Children	Units for Households with Children	Beds for Households without Children	CH Beds	Total Year- Round Beds
				SMF	HC	SMF	HIV					
Achor	Park Commons	130174	C	SFHC				76	19	22	0	98
Achor	Sylvan Hills	130174	C	SFHC				22	11	28	28	50
Another Chance of Atlanta	Freedom Way	130174	C	SFHC				24	6	14	14	38
Atlanta Alliance on Developmental Disabilities	AHA Demo: The Woods at Gladstone	130174	C	SMF				0	0	24	0	24
Chris Kids	The Safety Net	130174	U	SMF+HC				12	4	43	13	55
Community Concerns	The Vineyards	130174	U	HC				143	32	0	0	143
Community Friendship	OHem House	130174	C	SMF				0	0	76	0	76
Community Friendship	Scattered Site Housing	130174	C	SMF				0	0	56	0	56
Community Friendship/PII	Phoenix House	130174	C	SMF				0	0	69	0	69
Community Friendship/PII	Presley Woods S+C	130174	C	SMF				0	0	20	20	20
Cooperative Resource Center	The Edgewood	130174	C	SMF	HIV			0	0	46	0	46
Decatur Cooperative Ministries	Candler Forest PSH	130174	C	HC				10	2	0	0	10
DeKalb CSB	S+C Scattered Site in DeKalb	139089	C	SMF				0	0	46	23	46
DeKalb CSB	SHP Scattered Site Housing	139089	U	SMF				0	0	12	12	12
Families First	Sheker A Family S+C at Georgian Hills	130174	C	HC				38	11	0	0	38
Families First	Shelter A Family S+C at Georgian Hills	130174	C	HC				49	15	0	0	49

Table 1A

PERMANENT SUPPORTIVE HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	CH Beds	Total Year-Round Beds
Families First	Shelter A Family at Pavilion Place	130174	C	HC		72	24	0	0	72
First Presbyterian Church	Samarian Counseling Center Housing	130174	C	SMF		0	0	12	0	12
First Step/Caring Works	Paragon Pointe at 1250 Donnelly	130174	C	SMF+HC		8	2	32	0	40
Georgia Rehabilitation Outreach	Martin Manor S+C	130174	C	SMF		0	0	43	43	43
Georgia Rehabilitation Outreach	Martin Manor: Dekalb CSB S+C	130174	C	SMF		0	0	18	10	18
Georgia Rehabilitation Outreach	AHA Demonstration at Columbia Towers	130174	C	SMF		0	0	39	0	39
Georgia Rehabilitation Outreach	AHA Demonstration at Gladstone	130174	C	SMF		0	0	15	0	15
Georgia Rehabilitation Outreach	AHA Demonstration at Pavilion Place	130174	C	SMF		0	0	48	0	48
HOPE Through Divine Intervention	Villas of Hope I	130174	N	SMF		0	0	34	34	34
Housing Initiatives of North Fulton	HINP Permanent Supportive Housing	139121	C	HC		12	4	0	0	12
Jerusalem House	Jerusalem House S+C in Atlanta	130174	C	SMF+HC		4	2	4	0	8
Jerusalem House	Jerusalem House S+C in Dekalb	139089	C	SMF+HC		11	5	14	0	25
Jerusalem House	Jerusalem House S+C in Fulton	139121	C	SMF+HC		16	4	3	0	19

Table 1A

PERMANENT SUPPORTIVE HOUSING:	Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	CH Beds	Total Year-Round Beds
	Making A Way Housing	Making A Way Housing	130174	C	SMF		0	0	72	0	72
	Mary Hall Freedom House	Mary Hall Freedom House PSH	139121	N	SF		0	0	60	30	60
	Ministries of Charity	Gift of Grace	130174	C	SF		0	0	11	0	11
	Nicholas House	Candler Forest PSH	130174	C	HC		25	5	0	0	25
	Positive Outlook Foundation	Atlanta Gardens HOF Program	130174	C	SMF+HC		8	3	24	0	32
	Progressive Redevelopment	Welcome House/Imperial S+C	130174	C	SMF+HC		19	5	45	0	64
	Progressive Redevelopment/ Caring Works	Caring Works S+C in DeKalb	139089	C	SMF		0	0	18	18	18
	Progressive Redevelopment/ Caring Works	Caring Works S+C in Atlanta	130174	C	SMF		0	0	8	8	8
	Progressive Redevelopment/ Families First Project	Delowe Village S+C	139121	C	SF		0	0	20	0	20
	Interconnections/CFI	Rosalyn Apartments	139089	C	SMF		0	0	56	0	56
	Quest 35	Quest 35 HOF Housing	130174	N	SMF+HC		0	0	4	4	4
	St. Jude's Recovery Center	Men's Program at 250 14th Street	130174	C	SM		0	0	8	0	8
	St. Jude's Recovery Center	Candler Forest PSH	130174	C	SMF+HC		99	33	21	0	120
	St. Jude's Recovery Center	Renaissance Project	139089	N	SMF		0	0	30	30	30

Table 1A

PERMANENT SUPPORTIVE HOUSING: Organization Name	Program Name	Geo Code	Inventory type	A	B	Beds for Households with Children	Units for Households with Children	Beds for Households without Children	CH Beds	Total Year-Round Beds
The Living Room	SNHAP in Atlanta	130174	C	SMF	HIV	0	0	20	20	20
The Living Room	SNHAP in DeKalb	139089	C	SMF	HIV	0	0	14	14	14
The Living Room	SNHAP in Fulton	139121	C	SMF	HIV	0	0	2	2	2
The Living Room	HOPWA PSH in Atlanta	130174	C	SMF+HC	HIV	40	15	24	0	64
The Living Room	HOPWA PSH in DeKalb	139089	C	SMF+HC	HIV	20	7	15	0	35
The Living Room	HOPWA PSH in Fulton	139121	C	SMF+HC	HIV	8	3	5	0	13
Travelers Aid of Metro Atlanta	HOPWA in Atlanta	130174	C	HC	HIV	8	2	0	0	8
Travelers Aid of Metro Atlanta	HOPWA in DeKalb	130174	C	HC	HIV	16	4	0	0	16
Travelers Aid of Metro Atlanta	AHA Voucher The Woods at Glenrose	130174	C	SMF+HC		28	7	2	0	30
Travelers Aid of Metro Atlanta	AHA Voucher The Woods at Glenrose	130174	N	HC		28	7	0	0	28
Travelers Aid of Metro Atlanta	Supportive Housing at Willow Ridge	130174	C	SMF		0	0	26	0	26
Urban Residential Development Corp.	Santa Fe Villas SRO	130174	C	SMF		0	0	116	0	116
Zion Hill CDC	Supportive Housing Program	139121	U	SF		0	0	18	0	18
Community Concerns	150 Moore Street	130174	U	SMF		0	0	10	5	10
Progressive Redevelopment/ Caring Works	S+C at Delowe	139121	N	SMF		0	0	12	12	12

Table 1A

PERMANENT SUPPORTIVE HOUSING: Organization Name Progressive Redevelopment/ Caring Works	Program Name	Geo Code	Inventory type	A		B		CH Beds	Total Year-Round Beds
				Beds for Households with Children	Units for Households with Children	Beds for Households without Children	Beds		
Quest 35	Quest S+C Housing	130174	N	0	0	48	48	48	
Covenant House	Rights of Passage	139121	U	0	0	16	16	16	

**Chart of Non-Residential Organizations
Providing Homeless Assistance and Homeless Prevention Services, Advocacy, or Support**

Entity	Service, advocacy, or support
AID Atlanta, Inc.	Case management
Atlanta Children's Shelter, Inc	Childcare
Atlanta Community Food Bank	Food pantry
Atlanta Enterprise Center, Inc.	Employment
Atlanta Legal Aid Society, Inc.	Legal services
Atlanta Regional Commission	Support for census
Atlanta Women's Foundation	Foundation funder and advocate
Atlanta Workforce Development Board	Employment
Buckhead Christian Ministry, Inc.	Homeless prevention
Central Presbyterian Church	Day services
City of Atlanta Community Court	Alternative
City of Atlanta Police Department	Crisis intervention street team
Coalition for the Homeless Mentally Ill	Advocacy
Community Advance Practice Nurses, Inc.	Health care
Community Concerns	Day services
Community Friendship, Inc.	Mental health care
Consumer Credit Counseling Service, Inc	Homeless prevention
Crossroads Community Ministries, Inc.	Day services, crisis intervention, employment
Furniture Bank of Metro Atlanta	Furnishings and household items
Georgia Coalition to End Homelessness	Advocacy, quality standards, education
Georgia Law Center for the Homeless, Inc.	Legal services
Grady Health System	Health care
Homeless Action Group	Open forum
Hosea Feed the Hungry and Homeless	Homeless prevention
Jewish Family and Career Services, Inc.	Case management
Midtown Assistance Center, Inc.	Homeless prevention
Regional Commission on Homelessness	Advocacy, funding, policy development
Saint Joseph's Mercy Care Services, Inc.	Health care
Saint Jude's Recovery Center, Inc.	Detox
Samaritan House of Atlanta, Inc.	Employment
Stand Up For Kids	Advocacy
The Salvation Army, Inc.	Homeless prevention
The Sullivan Center, Inc.	Homeless prevention
United Way of Metropolitan Atlanta	Advocacy, funding, policy development

Table 3

Jurisdiction		Complete cells in blue.					
		Vacancy Rate	0 & 1 Bedroom	2 Bedrooms	3+ Bedroom	Total	Substandard Units
Housing Stock Inventory							
Affordability Mismatch							
Occupied Units: Renter			19167	42168	15334	76669	24375
Occupied Units: Owner			3949	31595	43443	78987	19151
Vacant Units: For Rent		37%	2805	11220	14025	28050	9818
Vacant Units: For Sale		4%	316	1264	1579	3159	947
Total Units Occupied & Vacant			26237	86247	74381	186865	54291
Rents: Applicable FMRs (in \$s)			741	824	1,003		
Rent Affordable at 30% of MFI (in \$s)			622	712	801		
Public Housing Units							
Occupied Units			2248	3000	2000	7248	0
Vacant Units			15	30	103	148	0
Total Units Occupied & Vacant			2263	3030	2103	7396	0
Rehabilitation Needs (in \$s)			0	0	0	0	

Grantee Name: **Jurisdiction**

Table 4

Non-Homeless Special Needs Including HOPWA	Needs	Currently Available	GAP	3-5 Year Quantities										Total	Actual	% of Goal	Priority Need: H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HC					
				Year 1		Year 2		Year 3		Year 4*		Year 5*												
				Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete											
52. Elderly	57043	0	57043	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	Y	C	
53. Frail Elderly	24779	0	24779	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	Y	C	
54. Persons w/ Severe Mental Illness	19179	0	19179	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	Y	C	
55. Developmentally Disabled	4389	0	4389	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	Y	C	
56. Physically Disabled	91030	0	91030	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	Y	C	
57. Alcohol/Other Drug Addicted	36105	0	36105	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	L	Y	C	
58. Persons w/ HIV/AIDS & their families	11738	1555	10183	1656	0	1848	0	2062	0	2302	0	2502	0	10370	0	0%	H	Y	H	###	L	Y	H	
59. Public Housing Residents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	L	N	na	
Total	2E+05	1555	2E+05	1656	0	1848	0	2062	0	2302	0	2502	0	10370	0	0%				0%				
Supportive Services Needed																								
60. Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
61. Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
62. Persons w/ Severe Mental Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
63. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
64. Physically Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
65. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
66. Persons w/ HIV/AIDS & their families	13860	3421	10439	10439	3817	0	4261	0	4757	0	5313	0	5935	0	24083	231%	H	Y	H	###	Y	H		
67. Public Housing Residents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M	N		
Total	138601	3421	104391	104391	3817	0	4261	0	4757	0	5313	0	5935	0	24083	231%				###				

Table 5

Jurisdiction

Housing and Community Development Activities

Activity	Needs	Current	Gap	5-Year Quantities										Cumulative	% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source
				Year 1		Year 2		Year 3		Year 4		Year 5							
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual						
01 Acquisition of Real Property 570.201(a)	0	0	0	80		80							400	0	0%	M		Y	C
02 Disposition 570.201(b)	0	0	0										0	0	0%	L		N	
03 Public Facilities and Improvements (General) 570.201(c)	0	0	0										0	0	0%	L		N	
03A Senior Centers 570.201(c)	0	0	0										0	0	0%	L		N	
03B Handicapped Centers 570.201(c)	0	0	0										0	0	0%	L		N	
03C Homeless Facilities (not operating costs) 570.201(c)	0	0	0										0	0	0%	L		N	
03D Youth Centers 570.201(c)	0	0	0	1		1							0	0	0%	L		N	
03E Neighborhood Facilities 570.201(c)	0	0	0	2		2							0	0	0%	L		N	
03F Parks, Recreational Facilities 570.201(c)	0	0	0	2		2							0	0	0%	H		Y	C
03G Parking Facilities 570.201(c)	0	0	0	2		2							0	0	0%	L		N	
03H Solid Waste Disposal Improvements 570.201(c)	0	0	0										0	0	0%	L		N	
03I Flood Drain Improvements 570.201(c)	0	0	0										0	0	0%	L		N	
03J Water/Sewer Improvements 570.201(c)	0	0	0										0	0	0%	L		N	
03K Street Improvements 570.201(c)	0	0	0										0	0	0%	L		N	
03L Sidewalks 570.201(c)	0	0	0										0	0	0%	L		N	
03M Child Care Centers 570.201(c)	0	0	0										0	0	0%	L		N	
03N Tree Planting 570.201(c)	0	0	0										0	0	0%	L		N	
03O Fire Stations/Equipment 570.201(c)	0	0	0										0	0	0%	L		N	
03P Health Facilities 570.201(c)	0	0	0										0	0	0%	L		N	
03Q Abused and Neglected Children Facilities 570.201(c)	0	0	0										0	0	0%	L		N	
03R Asbestos Removal 570.201(c)	0	0	0										0	0	0%	L		N	
03S Facilities for AIDS Patients (not operating costs) 570.201(c)	0	0	0										0	0	0%	L		N	
03T Operating Costs of Homeless/AIDS Patients Programs	0	0	0	9999		9999							9999	##	0%	H		Y	C/E
04 Clearance and Demolition 570.201(d)	0	0	0	20		20							20	0	0%	M		Y	C/E
04A Clean-up of Contaminated Sites 570.201(d)	0	0	0	268		268							268	0	0%	H		Y	C
05 Public Services (General) 570.201(e)	0	0	0	80		80							80	0	0%	M		Y	C
05A Senior Services 570.201(e)	0	0	0	80		80							80	0	0%	M		Y	C
05B Handicapped Services 570.201(e)	0	0	0	515		515							515	0	0%	H		Y	C
05C Legal Services 570.201(e)	0	0	0										0	0	0%	L		N	
05D Youth Services 570.201(e)	0	0	0										0	0	0%	L		N	
05E Transportation Services 570.201(e)	0	0	0										0	0	0%	L		N	
05F Substance Abuse Services 570.201(e)	0	0	0										0	0	0%	L		N	
05G Battered and Abused Spouses 570.201(e)	0	0	0	100		100							100	0	0%	M		Y	C
05H Employment Training 570.201(e)	0	0	0										0	0	0%	L		N	
05I Crime Awareness 570.201(e)	0	0	0										0	0	0%	L		N	
05J Fair Housing Activities (if CDBG, then subject to 570.201(e))	0	0	0										0	0	0%	L		N	
05K Tenant/Landlord Counseling 570.201(e)	0	0	0										0	0	0%	L		N	

Only complete blue sections.

HOPWA Performance Chart

	Year 1							
	Outputs Households			Funding				
	HOPWA Assistance	Non-HOPWA						
Tenant-based Rental Assistance	2044	269	1775	276	35	\$ 650,315		
Short-term Rent, Mortgage and Utility Payments	4160	743	3417	825		\$ 346,461		
Facility-based Programs	5534	543	4991	555	44	\$2,903,932		
Units in facilities supported with operating costs	0	0	0	0	0	\$ -	0	0
Units in facilities developed with capital funds and placed in service during program year								
Units in facilities being developed with capital funding but not yet opened (show units of housing planned)								
Stewardship (developed with HOPWA but no current operation or other costs) Units of housing subject to three-or ten-year use agreements								
Adjustments for duplication of households (i.e. moving between types of housing)				0	0	0		
Subtotal unduplicated number of households/units of housing assisted	11738	1555	10183	1656	79	\$3,900,707	0	0
Supportive Services				Outputs Individuals				
Supportive services in conjunction with housing activities (for households above in HOPWA or leveraged other units)	13860	3421	10439	3817	0	\$3,303,891		
Housing Placement Assistance				Outputs Individuals				
Housing Information Services	11738	1000	10738	1100	0	\$ 457,314		
Permanent Housing Placement Services	3961	250	3711					
Housing Development, Administration, and Management Services								
Resource Identification to establish, coordinate and develop housing assistance resources						\$ 160,000		

Table 6

Project Outcomes/Program Evaluation (if approved)									
Grantee Administration (maximum 3% of total) (i.e. costs for general management, oversight, coordination, evaluation, and reporting)									
Project Sponsor Administration (maximum 7% of total) (i.e. costs for general management, oversight, coordination, evaluation and reporting)									
Other Activity (if approved in grant agreement)									
Specify:									
1	0	0	0						
2	0	0	0						
3	0	0	0						
4	0	0	0						

Atlanta Housing Authority
CATALYST Implementation Plan



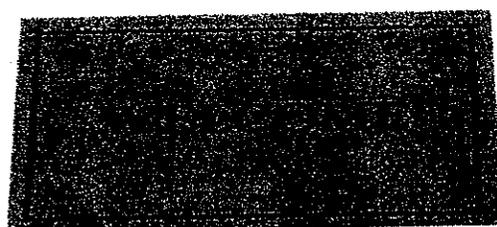
there's no place like home...

Atlanta Housing Authority
CATALYST Implementation Plan & Appendices
(Fiscal Year Ending 2010)
Board Approved

**MESSAGE FROM THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER**

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“Home means a place of nurturing, love, togetherness, protection, learning, teaching, caring for, embracing, celebrating friendships. It’s really the heart of all of our lives and there is nothing more important than home.”

Renée Lewis Glover

2-26-09

Dear: Mrs. Renee Lewis Glover
my name is SASHA Smith I live in Bankhead courts
apartment I would like to thank you for all you have
done for me. Because of what you have done I can
live in an better area and don't have to worry
about one thing. I bet no one has ever told you
thank you but I am. I been through a lot
living in Bankhead courts. So once again thank you
so much.

P.S I cross at words when I wrote this letter
if there are any some errors.

Thank you
Sasha Smith
Sasha Smith

A Special Thanks by
Sasha Smith

Ms. Smith's letter on the adjacent page conjures up feelings and thoughts of what a great home should represent... a place of nurturing, protection, tranquility and caring... a place where families can grow and thrive... a place of hopes and dreams... and as Ms. Smith's letter indicates, a place where you "don't have to worry about one thing!"

This compelling letter underscores the theme and message for this year's Moving to Work Annual Plan... *"There's No Place Like Home."* The Atlanta Housing Authority has undergone a sea change in how it addresses the need for affordable housing while creating the feeling of "home" for the more than 20,000 households it serves. By June 30, 2010, AHA will close the door on the era of warehousing poor families in obsolete and distressed public housing projects.

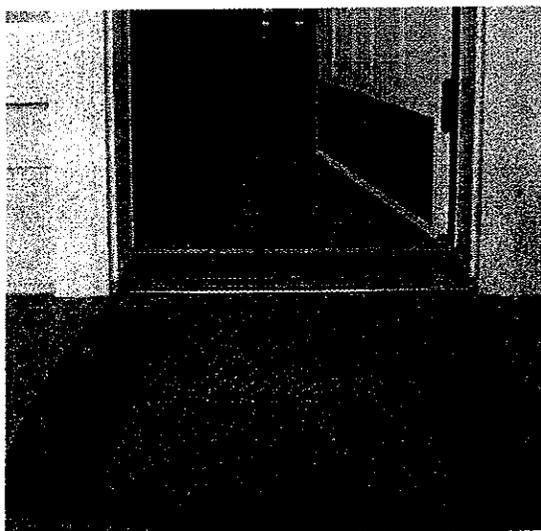
Guided by the agency's vision of "Healthy Mixed Income Communities," AHA is moving forward with a new housing model that creates excellent affordable housing choices in economically diverse environments where families, like Ms. Smith, can have a wonderful place that they, too, can call home. The feelings shared by Ms. Smith are not uncommon among other families served, and AHA wants to ensure that future generations can experience the same feelings that Ms. Smith and others have shared.

So while my words may pale in comparison to the words expressed by Ms. Smith, AHA's work and focus in the delivery of quality, affordable housing speaks loud and clear. There truly is no place like home and AHA is committed to delivering on that promise.



Renée Lewis Glover
President and Chief Executive Officer

MESSAGE FROM THE
PRESIDENT AND
CHIEF EXECUTIVE
OFFICER



“Home is the place to share with family and friends in good and bad times. Home is a safe, loving place for family to grow and thrive.”
*** Mayor, Shirley Franklin***

The Housing Authority of the City of Atlanta, Georgia (AHA), a public body corporate and politic created under the Housing Authorities Laws of the State of Georgia, is a diversified real estate company, with a public mission and purpose. AHA achieves its mission by deploying various assets that provide affordable housing opportunities for low-income families in the City of Atlanta. AHA has broad corporate powers including, but not limited to, the power to acquire, manage, own, operate, develop and renovate housing, invest and lend money, create for-profit and not-for-profit entities, administer Housing Choice vouchers, issue bonds for affordable housing purposes and develop commercial, retail and market rate properties that benefit affordable housing. Many of AHA's programs are funded, in part, and regulated by the U.S. Department of Housing and Urban Development (HUD) under the provisions of the U.S. Housing Act of 1937, as amended, as modified by AHA's Moving to Work Agreement dated September 23, 2003, as amended and restated effective as of November 13, 2008 and further amended on January 16, 2009 ("MTW Agreement").

Pioneering Efforts: AHA's Revitalization Program

Since the start of Ms. Glover's leadership at AHA in September 1994, AHA has chartered new courses and embarked on important and ambitious visions: to transform the delivery of affordable housing by ending the practice of concentrating low income families and abandoning the traditional 100% public housing model through implementing its comprehensive and strategic Revitalization Program. Under AHA's Revitalization Program, public housing-assisted households are relocated, by their choice, primarily to private housing (using Housing Choice vouchers to close the gap for the cost of housing and utilities) or to other AHA-owned public housing developments. The distressed and obsolete housing projects are demolished and the site remediated and prepared for development and through partnerships with excellent private sector developers, market rate quality mixed-use, mixed-income communities are developed. Consistent with AHA's vision of "**Healthy Mixed-Income Communities**," AHA's Revitalization Program is designed to create communities where Atlanta's families, from every socio-economic status, can live, learn, work and play, as they pursue their version of the American dream. AHA believes that every person has unlimited human potential and promise, but the quality of his or her living environment impacts the outcome.

AHA's Revitalization Program is governed by **five guiding principles**:

1. End the practice of concentrating low income families in distressed and isolated neighborhoods.

INTRODUCTION

2. Develop communities through public/private partnerships using public and private sources of funding, using market principles.
3. Create mixed-income communities with the goal of creating market rate communities with a seamless affordable component.
4. Create healthy communities using a holistic and comprehensive approach to ensure long-term marketability and sustainability and to support excellent outcomes for families, especially children, with emphasis on excellent, high performing neighborhood schools and excellent quality of life amenities, such as first-class retail and green space.
5. Residents should be supported with adequate resources to assist them to achieve their life goals, focusing on self-sufficiency and educational advancement of the children. Expectations and standards for personal responsibility should be benchmarked for success.

Since 1994, AHA has been able to successfully deconcentrate poverty through implementing its Revitalization Program. AHA has leveraged its HOPE VI and other public housing development funds, its land, and its operating subsidies to facilitate, in partnership with private sector developers and owners, the availability of quality affordable housing opportunities in mixed-use, mixed-income communities throughout Atlanta. As a result, neighborhoods throughout the City of Atlanta have been transformed to healthy economically integrated communities with great neighborhood schools and other wonderful quality of life amenities. The real estate and human development outcomes have been outstanding – healthier, economically integrated, amenity-rich communities, increased real estate values, dramatically lower rates of crime, improved student and school performance and substantially higher participation in the workforce by the assisted-households.

Moving to Work Demonstration

Having moved from troubled agency status in 1994 to high performer status in 1999 and sustaining that status thereafter, AHA applied for and received a coveted Moving to Work (MTW) designation in 2001. MTW is a demonstration program established by Congress and administered by HUD, giving participating public housing agencies the flexibility to design and test various approaches for facilitating and providing quality affordable housing opportunities in their localities. After protracted negotiations with HUD, AHA executed its MTW Agreement with HUD on September 23, 2003, the initial period of which was effective from July 1, 2003 through June 30, 2010. In response to HUD's decision to expand and extend the demonstration period, AHA and HUD negotiated and executed an Amended and Restated MTW Agreement, effective as of November 13, 2008, and further amended by that certain Second Amendment to the Moving to Work Agreement, effective as of January 16, 2009 (the MTW Agreement, as amended

and restated and further amended is referred to herein as the “Restated MTW Agreement”). The term of AHA’s Restated MTW Agreement was extended until June 30, 2018. AHA and HUD agreed that the MTW Agreement may be automatically extended for additional ten-year periods, subject to HUD’s approval and AHA meeting certain agreed upon conditions. The Restated MTW Agreement reaffirms and clarifies the use of MTW Funds and provides that AHA may use its MTW Funds for housing for low-income families beyond the limitations of Section 8 and Section 9 of the U.S. Housing Act of 1937, as amended. The section in this Plan entitled “MTW Use of Funds” further describes how AHA will use this enhanced flexibility in furthering its goals and objectives under AHA’s Business Plan.

AHA’s program design for implementing its Restated MTW Agreement leverages the guiding principles, the best practices and lessons learned from AHA’s Revitalization Program. The Restated MTW Agreement continues to provide substantial statutory and regulatory relief under the U. S. Housing Act of 1937, as amended (“1937 Act”), and reaffirms, extends and expands the statutory and regulatory relief provided under AHA’s original MTW Agreement. The Restated MTW Agreement forms the statutory and regulatory framework and agreed upon by AHA and HUD for AHA to carry out its work during the term of the Restated MTW Agreement, as it may be extended, as set forth in AHA’s Business Plan, as amended from time to time.

AHA’s Business Plan

In 2004, AHA prepared and submitted to HUD its first Business Plan, using this new statutory and regulatory relief (herein referred to herein as the “Business Plan” or “CATALYST Plan”). AHA’s Business Plan and its subsequent annual MTW implementation plans outline AHA’s priority projects, activities and initiatives to be carried out over the course of each fiscal year.

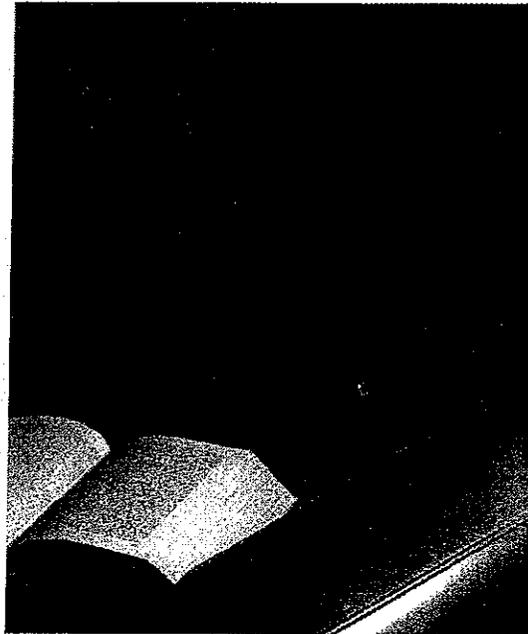
The Plan set forth herein represents AHA’s Fiscal Year (FY) 2010 CATALYST Implementation Plan.

As Fiscal Year 2010 represents AHA’s seventh year under its MTW Agreement, AHA continues to make substantial strides in achieving its vision. Consistent with the guiding principles, **AHA’s three primary goals under the Business Plan** are:

1. Developing quality living environments in mixed-income communities;
2. Enhancing AHA’s economic viability and sustainability; and
3. Increasing self-sufficiency, financial independence and successful outcomes for families by leveraging AHA’s human development and support services investments.

AHA develops and submits its annual CATALYST Implementation Plan to HUD after assessing the affordable housing needs of the local jurisdiction; considering financial and other resources; and soliciting resident and public input and consultation through a public hearing process. Once HUD receives the Plan it is reviewed for consistency with AHA’s MTW Agreement.

When HUD approves the annual CATALYST Implementation Plan, the approval is deemed to be cumulative; and remains in effect for the duration of the MTW Agreement period, as it may be extended from time to time.



“Home for my children is somewhere they can feel safe, relax after long days at school, where they can have entertainment, rest, love and support.”

Tomekia Dunn

Using the authority under its Restated MTW Agreement, AHA continues to realize its vision in creating "Healthy Mixed-Income Communities" and becoming an excellent, financially viable, diversified real estate company with a public mission and purpose. Towards this end, AHA's Fiscal Year (FY) 2010 CATALYST Implementation Plan (the "FY 2010 MTW Annual Plan") focuses on excellent affordable housing opportunities in economically diverse environments; improved customer service and mutual accountability; excellent outcomes for AHA-assisted households through targeted investments and partnerships with human development professionals and excellent service providers; and improved operational effectiveness and efficiency by leveraging innovative approaches and technology. The FY 2010 Business Plan identifies the projects, priorities, activities and initiatives that AHA will continue to implement and initiate during the fiscal year ending June 30, 2010.

AHA's FY 2010 MTW Annual Plan will be aligned around **seven major priorities**, which are highlighted as follows:

1. **Revitalization Program** – AHA will continue its strategic revitalization program. AHA and its various private sector development partners are engaged in "community building" projects with the goal of creating healthy and economically sustainable mixed-use, mixed-income communities.
2. **Quality of Life Initiative** – AHA will complete the relocation of affected households from 12 of its distressed and obsolete public housing developments, including two senior high-rises and 10 family communities. Combined, these developments provided housing for more than 3,000 households, many of whom have already relocated to better communities and better neighborhoods since the approval by HUD of the demolition application for such developments. Affected households will continue to receive coaching and counseling services for a 27-month period to support (a) successful resettlement in privately owned housing; (b) achieving economic independence; and (c) achieving family success. After the affected families have successfully relocated, AHA will demolish the existing structures and will conduct a competitive procurement process to invite proposals from private sector developers and investors to develop mixed-use, mixed-income communities at these sites. Any sale proceeds from the sale of any portion of the sites will be used to further AHA's vision and mission.

EXECUTIVE SUMMARY

3. **Project Based Rental Assistance As A Development Tool** – AHA will continue to utilize Section 8 project based rental assistance as a development tool with the goals of (a) facilitating housing opportunities for families in healthy mixed-income communities; (b) facilitate the development of housing for the elderly; and (c) facilitate the development of supportive services housing for persons with disabilities and other transitional housing.
4. **Re-engineering the Housing Choice Voucher Program** – AHA has designed and implemented a number of local reforms to its Housing Choice Voucher Program so that a housing choice voucher can be an effective resource for accessing high quality housing in lower poverty, economically integrated neighborhoods. In addition, AHA will continue to re-engineer the Housing Choice Voucher Program Administration, including redesigning business systems, implementing technology solutions, improving customer service delivery, human resources development, and refining participant and landlord policies and procedures.
5. **Asset Management** – AHA will continue to develop and evolve the systems, processes, procedures and human resources to create a comprehensive and integrated asset management capacity, with an emphasis on external business relationship management and technology-oriented solutions.
6. **Human Development** – AHA will continue to facilitate and provide linkages for AHA-assisted families to human services providers to ensure healthy outcomes with the goals of (a) economically independent families; (b) educated children; and (c) self-sufficient elderly and persons with disabilities.
7. **Longer-Term Hold Communities** – This priority focuses on improving the quality of the facilities of its longer-term hold properties and developing expertise in housing for elderly persons - By June 30, 2010, at which date, AHA will have successfully completed the relocation and demolition phases of its QLI Program, AHA will have closed the door on concentrating households in obsolete, distressed and dysfunctional large family public housing projects. At June 30, 2010, AHA will own 11 senior high-rise buildings which provide housing for elderly persons (80%) and young disabled persons (20%) and two small family public housing-assisted developments (Westminster – 32 units and Martin Street – 60 units), all of which are located in economically integrated neighborhoods. Each of these properties will continue to be owned by AHA and comprehensively managed by professional private management companies in accordance with AHA's goals, objectives and financial resources.

During FY 2010, AHA intends to invest more than \$18 million of ARRA funds in these 13 properties, with the goals of improving the quality of the dwelling units, major systems, common areas

and building envelop and improving the energy efficiency, environmental quality and sustainability of the facilities.

As a result of the change in the mix of the AHA-owned portfolio from large family public housing developments to housing primarily for elderly persons by June 30, 2010, AHA will need to develop a deeper understanding of the needs, services and best practices for housing elderly persons so they may live independently and with dignity and a good quality of life as they age in place. AHA, in partnership with our private sector development partners and professional service providers, intend to create a model for "Affordable Assisted Living" for elderly persons and for persons with mental and developmental disabilities and other supportive service housing models.

In addition to the seven major priorities, this Plan also discusses the following **new initiatives**:

- Innovative and creative use of **MTW Funds** to facilitate the development of additional mixed-income communities and to further AHA's Revitalization Program. This is discussed under the section of the Plan entitled "Innovative and Creative Use of MTW Funds."
- Development and implementation of a **Comprehensive Integrated and Relational Agency-wide database**, which is discussed under Corporate Support.
- Proposed use of **American Recovery and Reinvestment Act (ARRA) Funds** to facilitate high-quality and more energy efficient affordable housing and to facilitate mixed-income, mixed-finance developments. This is covered under the Real Estate Management and ARRA sections of the Plan.
- Design of AHA's **Local Asset Management Program** which is discussed under Corporate Support and *Appendix T* of this Plan.

AHA also speaks to the on-going operations of its longer-term hold communities under **Real Estate Management** and a number of organizational-wide initiatives under **Corporate Support**. For AHA's new and ongoing projects, priorities, activities and initiatives, AHA will continue to use its authority under the Restated MTW Agreement to implement.

Local Innovations and Reforms At a Glance

The following represents an "At a Glance" overview of a number of key innovations or reforms AHA

has implemented as a result of its participation in the MTW Demonstration. The key reform categories are:

- **Use of MTW Funds** – Describes the use of MTW Funds to support MTW Eligible Activities (as defined in the Restated MTW Agreement and the FY 2010 MTW Annual Plan), gap financing for AHA-sponsored mixed-income communities and for affordable residential development with private owners and developers.
- **Housing Choice Voucher Program** – AHA has used its authority under the Restated MTW Agreement to design and implement local reforms to AHA's Housing Choice Voucher Program, with the goals of mainstreaming families and facilitating excellent "choices" of housing opportunities in economically integrated neighborhoods, with better quality of life amenities. The local reforms have focused on eliminating obstacles and solving problems which have adversely affected the acceptance and use of vouchers in lower impacted neighborhoods, e.g. AHA Payment Standards; leasing incentive fees, higher expectations and standards for AHA assisted households and the use of conventional real estate standards and requirements for landlords. AHA has also adopted reforms that have fixed the amount of the Total Tenant Payment to no more than 30% of Adjusted Income in order to stabilize the amount a Housing Choice participant pays for rent and utilities.
- **Housing Policies** – Outlines a number of policies that AHA has instituted under MTW that promote tenant accountability and responsibility, self sufficiency and improves AHA's bottom line.
- **Expanding Housing Opportunities** – This reform highlights innovations implemented to expand the availability of affordable housing seamlessly in mixed-income communities and neighborhoods using market principles and approaches in administering the subsidy and landlord/tenant relations.
- **Self-Sufficiency** – Highlights a number of initiatives and programs that further promote client self-sufficiency while improving operational efficiency and effectiveness by leveraging MTW Funds, grants and other public/private resources with strategic partners.
- **Corporate Support** – Provides an overview of organization-level operational enhancements that improve AHA's financial and business operations.

Most of the reforms, with the exception of the Local Asset Management Program, exercise the authorizations included in AHA's Restated MTW Agreement Attachment D (Legacy and Community-Specific

Authorizations). The Local Asset Management Program exercises the authority in the First Amendment to AHA's Restated MTW Agreement. Within each reform category is a discussion on innovations or policies developed exercising the authority under AHA's Restated MTW Agreement and highlights one or more of the three MTW Statutory goals. The three MTW Statutory goals are:

- MTW Statutory Goal 1:** Increase housing choices for low-income families
- MTW Statutory Goal 2:** Reduce costs and achieve greater cost effectiveness in Federal Expenditures
- MTW Statutory Goal 3:** Give incentives to families with children where the head of household is working, seeking work or is preparing for work by participating in job training, educational programs, or programs that assist people to obtain employment and become economically self-sufficient

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Use of MTW Funds

MTW Agreement Provision: Attachment D, Section V. – Single Fund Budget with Full Flexibility
Second Amendment, Section 2. – Use of MTW Funds
Second Amendment, Section 3. – Reinstatement of “Use of MTW Funds” Implementation Protocol

- **Use of MTW Funds** – AHA is able to combine its low income operating subsidy, capital funds and Housing Choice Voucher funds into a single, authority-wide fund, which may be used for MTW Eligible activities as defined in AHA’s Restated MTW Agreement and the FY 2010 MTW Annual Plan. AHA may use these funds, for among other things, to expand quality, affordable housing in healthy mixed-income communities, support self-sufficiency programs for Public Housing and Housing Choice-assisted households and to improve its operations (financial and other) (Statutory Goals 1, 2 and 3)
- **Gap Financing** – AHA intends to use its MTW Funds for gap financing to support the financial closings of mixed-income rental communities that serve low-income families (earning less than 80% of area median income) to include Tax Credit, Project Based Rental Assisted-units and Public Housing Assisted-units. Alleviates the challenges in identifying investors and funders for proposed real estate development projects. (Statutory Goals 1 and 2)
- **Use of MTW Funds in Affordable Residential with Private Owners** – Use MTW Funds to invest in residential properties owned by private entities to facilitate the creation of mixed-income communities by supporting the development or rehabilitation of housing units that are affordable to low-income families. Leverages public/private investment to expand quality affordable housing. (Statutory Goals 1 and 2)

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Housing Choice Voucher Program

MTW Agreement Provision: Attachment D, Section VII – Establishment of Housing Choice Voucher Program

- **30% of Adjusted Income** - In order to preserve housing affordability for participants of the Housing Choice Voucher Program, the total tenant payment of participants, unless subject to AHA's minimum rent, will be no more than 30% of the household's monthly adjusted income for rent and utilities. Especially important is the fact that this initiative ensures that the financial arrangement of former public housing families who relocated using Housing Choice vouchers will be no different than the financial arrangement they had as public housing residents. (Statutory Goals 1 and 3)
- **Atlanta Payment Standards** - AHA implemented the AHA Payment Standards as an alternative to HUD's Fair Market Rents. A third-party firm with a specialty in real estate market analysis conducted an independent study and identified seven major submarkets in the City of Atlanta. The study team mapped the submarkets and their corresponding market equivalent rent levels in developing the AHA Payment Standards. This reform reduces the barriers Housing Choice participants have in conducting their housing search by providing them with additional financial leverage and improved access to quality housing of their choice in lower poverty neighborhoods with great amenities. (Statutory Goals 1 and 2)
- **Rent Reasonableness** – AHA is developing a more sophisticated and professional and independent rent reasonableness process, which will be managed by AHA's Asset Management Group. The Asset Management Group will develop a database of rents in the various submarkets, review independent market studies and analyze trends in Atlanta market rents so that the information used to assess proposed contract rents will be market based and current. (Statutory Goal 2)
- **Leasing Incentive Fee** – Established to attract landlords and private owners in making housing available to low-income families in healthy mixed income communities. In private markets, owners of Class A real estate often require security deposits and application fees to defray the costs of processing an application for an apartment. In response, AHA designed the Leasing Incentive Fee in order to eliminate these requirements as obstacles. This fee gives families greater leverage in being competitive to secure quality housing in the private market. (Statutory Goals 1)
- **Enhanced Inspection Standards** – Establishes interim and annual inspection "checkpoints" for enforcing both the landlords and participants' responsibility in property upkeep and for re-evaluating neighborhood quality. This supports the need for improved accountability and responsibility of the participant and the landlord and works to improve the image and acceptance of the Housing Choice Program in communities. (Statutory Goals 1, 2, and 3)
- **Section 8 Voucher for Homeownership** – Allows qualified participants in the Housing Choice tenant-based program to use their voucher for mortgage payment assistance. Facilitates participants' upward movement from renting to homeownership. (Statutory Goals 1 and 3)
- **Project Based Rental Assistance (PBRA) Site Based Administration** – Operates as a distinct and separate program from the Housing Choice tenant-based program and moves from the PHA-managed model under the traditional Housing Choice Project Based Voucher Program. Allows AHA to enter into long-term PBRA Agreements with owner entities of quality multifamily rental developments (which include developments for the elderly and persons with disabilities) whose professional management companies have the full responsibility of administering all aspects of PBRA eligibility, admissions and occupancy at the property level.

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Local Reform of Housing Policies

MTW Agreement Provision: Attachment D, Section I.O – General Conditions
Attachment D, Section III. – Occupancy Policies

- **Work/Program Participation Requirement** – This policy, applicable to all AHA-assisted programs, requires that (a) one non-elderly (18 to 61 years old), non-disabled adult household member maintain continuous full-time employment (at least 30 hours per week) and (b) all other non-elderly, non-disabled household members maintain work or participation in a combination of school, job training and/or part-time employment as a condition of the household receiving and maintaining subsidy assistance. This policy reform thwarts the perception that families are not pursuing economic independence and self-sufficiency. (Statutory Goals 2 and 3)
- **\$125 Minimum Rent** – This policy raised the minimum rent from \$25 to \$125 for both the Public Housing and Housing Choice Voucher Programs. This policy does not apply to households in which all household members are either elderly and/or disabled, and whose sole source of income is Social Security, SSI, or other fixed annuity pension or retirement plans. Such households will still be responsible for paying rent based on 30% of their monthly adjusted income for rent and utilities or, if a public housing resident and who make the election to do so, the Affordable Fixed Rent. This policy raises standards of responsibility for public housing assisted residents and Housing Choice participants and increases tenant contributions towards rent. (Statutory Goals 2 and 3)
- **Elderly Income Disregard** – Under this policy, if an elderly public housing resident or elderly Housing Choice participant, whose sole source of income is Social Security, SSI, and/or other fixed annuity pension and retirement plan income, becomes employed on a temporary, part-time, or other limited basis which does not result in the discontinuance of the elderly resident's or participant's sole source of annual fixed income, then employment income will be disregarded and not used in calculating annual income. (Statutory Goal 3)
- **Elderly Admissions Preference** – This admissions policy is applicable to public housing-assisted units in communities for elderly (62 years or older), almost elderly (55 to 61 years old) and non-elderly disabled and allows the admission of four elderly or almost elderly applicants from the waiting list before admitting a non-elderly disabled applicant. By creating an optimal mix of elderly, almost elderly and non-elderly disabled residents in a community, this policy addresses the complex social issues associated with mixing the populations. (Statutory Goals 1 and 2)
- **Rent Simplification** – Under this policy, AHA developed AHA Standard Deductions that are higher than HUD's standard deductions for determining adjusted annual income. The significance of this reform is that AHA's Standard Deductions are more generous and equitable because all AHA-assisted families benefit from the policy. This reform also eliminates the need to consider other deductions as a standard procedure but does make provisions for catastrophic hardships. Operationally, the intent of this policy is to reduce errors and the administrative burden associated with the verification of other deductions and dealing with potential fraud. (Statutory Goals 2 and 3)
- **Housing Choice Voucher Homeownership Policy** – This policy allows AHA the flexibility to establish its own procedures and requirements for eligible families to participate in the Housing Choice Homeownership or Homeownership Self-Sufficiency Program. The requirements are aligned to support the long-term success of low-income families achieving their dream of homeownership. (Statutory Goals 1 and 3)

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Expanding Housing Opportunities

MTW Agreement Provision:	Attachment D, Section V.	– Single Fund Budget with Full Flexibility
	Attachment D, Section VII.	– Establishment of Housing Choice Voucher Program
	Attachment D, Section VII, B.	– Simplification of the Process to Project-Base Section 8 Vouchers
	Attachment D, Section VIII, C.	– Simplification of the Development and Redevelopment Process

- **Revitalization Program** – To further facilitate AHA's development and redevelopment activities with private sector development partners and leverage public and private resources, AHA is able to develop and adopt its own policies and procedures to determine and control major development decisions, to include replacing HUD's Total Development Cost (TDC) limits. This streamlined and simplified process allows AHA to be more nimble and responsive in a dynamic real estate market in the creation or rehabilitation of mixed-income communities. (Statutory Goals 1 and 2)
- **Developing Alternative & Supportive Housing Resources** – Using its single fund budget authority, AHA is able to create or facilitate with private sector developers, service enriched housing for seniors and persons with disabilities. This addresses the lack of affordable, supportive housing to allow these populations to age in place. (Statutory Goals 1 and 2)
- **Quality of Life Initiative** – Enables AHA to relocate families from 12 large, isolated, distressed and obsolete public housing developments to better quality housing in the mainstream. Residents have the opportunity to select living environments that are equipped with desired amenities and neighborhood resources. (Statutory Goals 1, 2 and 3)
- **Project Based Rental Assistance as a Development Tool** – AHA uses PBRA as a financial incentive and financing tool by providing a renewable rental subsidy to private sector developers and owners to commit a percentage of units as affordable in quality multifamily developments. PBRA also enhances developers and owners' competitive applications for the State's Low Income Housing Tax Credits Program for the provision of affordable rental housing. Enables AHA to leverage federal funds with other public and private investment to expand the affordable housing resource. (Statutory Goals 1 and 2)
- **Housing Choice Voucher Program** – AHA established its own Housing Choice Program to facilitate improved housing options for low-income families in better communities and neighborhoods. Works to improve the quality of "choice" for families in low-poverty and mixed-income environments. (Statutory Goals 1 and 3)

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Self Sufficiency

MTW Agreement Provision: Attachment D, Section IV. – Self-sufficiency/supportive services
Attachment D, Section V. – Single Fund Budget with Full Flexibility

- **Work/Program Participation Requirement** – As stated in the policy, requires adults between the ages of 18-61 years (non-elderly, non-disabled) in both the Public Housing and Housing Choice Programs to be working, in school or in a training program to continue receiving subsidy assistance from AHA. Builds on tenant personal responsibility and accountability. This benchmark has illustrated how families, using their own human potential are improving their lives, becoming financially independent and increasing their contribution toward rent. (Statutory Goals 2 and 3)
- **Human Development and Support Services** – Provide professional individualized coaching and counseling services to families impacted by revitalization and QLI relocation activities and assist clients who are non-compliant with the work/program participation requirement. AHA uses MTW Funds and HOPE VI funds to pay for these vital services to families in both the Public Housing and Housing Choice Programs. (Statutory Goal 3)
- **Good Neighbor Program** – Instructional Program established by AHA and taught by Georgia State University that provides curriculum based training on the roles and responsibilities of being a good neighbor. Leverages MTW Funds with Georgia State University resources to support the implementation of this training. (Statutory Goals 2 and 3)
- **Service Provider Network** – An established network of service providers that facilitates families' work and self-sufficiency goals and supports families in meeting the work/program participation requirement. Leverages MTW Funds with resources from established organizations with proven track records to support incremental costs associated with serving AHA-assisted households. (Statutory Goals 2 and 3)
- **Rapid Response Foreclosure Team** – Use of MTW Funds to establish a team of AHA professionals that proactively respond to Housing Choice participants impacted by property owner foreclosures or other emergencies, natural disasters or property abatement. The team provides a continuum of support leading to the resettlement of impacted families into a new living environment. Also, creates operational efficiencies by establishing process, procedures and protocols to improve response times in handling these time-sensitive requests. (Statutory Goal 2)
- **Place-based Supportive Services Strategy Pilot** – AHA in collaboration with the Atlanta Regional Commission and other partners are leveraging grant funds, MTW Funds and other resources to create a service-enriched living environment for seniors and persons with disabilities in targeted high-rise communities using the NORC (Naturally Occurring Retirement Community) model. Based on the best practices derived from the pilot, AHA will use as a model in implementing in other senior high-rise communities. (Statutory Goal 2)
- **Comprehensive Homeownership** – AHA is able to establish its own policies, procedures, eligibility and participation requirements for its homeownership programs, to include changes to HUD's Family Self-Sufficiency Program requirements. This program is designed to prepare eligible participants in becoming successful home-owners. (Statutory Goals 2 and 3)



*“Home is a place - that state of mind - providing sanctuary and comfort
inside a world that is yours to share and enjoy with those you love.”*

*** Mark Kemp***

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Corporate Support

MTW Agreement Provision: Attachment D, Section V. – Single Fund Budget with Full Flexibility
Attachment D, Section VII., C. – Demonstration Program on Project-based Financing
First Amendment, Section 6 – Local Asset Management Within MTW

- **Maximizing the Power of Technology** – AHA will use its MTW Funds to link its information technology, financial, procurement, data and its business system infrastructure into an integrated data-centric environment. This overarching strategy will improve AHA's ability to use data as intelligence to inform and improve its business decisions. AHA will create a comprehensive, integrated and relational database that will empower the organization to be more strategically focused on business systems integration and the corresponding linkages that will make AHA a 21st Century real estate business enterprise. (Statutory Goal 2)
- **Sustaining Mixed-Income Investments** – To sustain and preserve investments in mixed-income communities, AHA will use its authority under the Restated MTW Agreement to substitute the public housing operating subsidy at AHA-sponsored mixed-income, mixed-finance communities for renewable Project Based Rental Assistance. This initiative will support the long-term sustainability, economic viability and market competitiveness of the AHA-sponsored mixed-income communities. (Statutory Goal 2)
- **Innovative Subsidy Strategies** – Sustains viability of AHA's longer-term hold Affordable communities by substituting the Section 9 operating subsidy for renewable Project Based Rental Assistance. Similar to the investment strategy above, AHA will be able to design and implement a financing strategy to leverage private resources to continue to improve the physical structures and quality of the environment. (Statutory Goal 2)
- **Local Asset Management Program** – Defines how AHA has designed its local asset management program, including project-based property management, budgeting, accounting and financial management of AHA-owned public housing assisted properties and public housing assisted units in mixed-income communities, and the other aspects of its business operations, based on AHA's Business Plan. AHA's Local Asset Management Program is more comprehensive in scope than HUD's asset management requirements. (Statutory Goal 2)